**School:**

**Department**:

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**ACADEMIC ADVISOR FALL/SPRING SEMESTER ACTION REPORT FORM OF THE ACADEMIC YEAR ……**

The academic advisor …………………………………………………… of the Department of …………………………………, I submit the following report of facts/ actions for the fall/spring semester of the academic year …………………

The Academic Advisor

Full Name (signature)

**Instructions:** In the action report, the academic advisor states the number of contacts and points out malfunctions or deficiencies that cause problems for the students as well as any proposed measures.