

**City University of Hong Kong**

**Department of Social and Behavioural Sciences**

**Record Form on Meeting with Academic Advisor**

**Note:**

1. *Student should fill in the record form with date and brief description of meetings with advisor in both Semester A and Semester B.*
2. *Completed record form should be signed by advisor for verification purpose before returning to Dr. Anna HUI via* [*https://cityuhk.questionpro.com/t/AVdhiZvMay*](https://cityuhk.questionpro.com/t/AVdhiZvMay) *by the end of both Semester A and Semester B.*

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| --- | --- | --- | --- | --- |
| Student Name: |  |  | Advisor Name: |  |
| Student ID Number: |  |  | Semester  (circle if appropriate) | A / B |

|  |  |  |
| --- | --- | --- |
| Date | Brief Description of Meeting | Signature of Advisor |
|  |  |  |

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| Signature of Student: |  |  | Date: |  |