DEPARTMENT OF MATHEMATICS

Advisory Scheme Consultation Form

(This form must be returned to Ms. Sindy Ting in Room 3461 after the 3rd consultation session)

Name of Student:

_____ SID

Name of Advisor:

Date:

Comments by advisor: (please tick the box below)

Academic performance so far in HKUST

| A Excellent | B Good | C Average | D Below Average | E Bad | Any extra-curriculum activities/ volunteer services attended |
|----------------|-----------|--------------|-----------------------|----------|--|
| | | | | | |

Other comments:

Student's signature

Advisor's signature

Date: _____

Comments by advisor: (please tick the box below)

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|----------------|-----------|--------------|-----------------------|----------|--|
| | | | | | |

Other comments: _____

Student's signature

Advisor's signature

Date: _____

Comments by advisor: (please tick the box below)

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|----------------|-----------|--------------|-----------------------|----------|--|
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Other comments:

Student's signature

Advisor's signature