

GIFTED STUDENTS MONITORING FORM

This form is to ascertain the information of gifted student at the COD, and should be filled by student and academic advisor:

Advisor Name: -----

Student Name ----- Student ID# -----

Department ----- Level -----

Academic year ----- Semester -----

Date -----

Please indicate the type of talent observed:

Talent	Description

Please specify any programs and courses attended to improve this talent:

Please specify the prizes obtained, if any:

Student signature:

Advisor signature:

Note: please attach any accompanying documents

Academic Advisor must follow up on the extra activities of gifted student participation and provide encouragement

CC: *Student File

NOTE: Intellectual property rights are preserved for Academic Advising and counselling unit in COD, Imam Abdulrahman bin Faisal University.



COLLEGE OF
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جامعة الإمام عبد الرحمن بن فيصل
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College of Design

Academic advising and counseling unit