## SRM INSTITUTE OF SCIENCE AND TECHNOLOGY

Tiruchirappalli Campus

## Faculty of Engineering and Technology CSE-AIML-B Section STUDENT COUNSELING REPORT

NAME OF THE STUDENT:

NAME OF THE STUDENT COUNSELOR:

S.No.	Counselling Date	Points of Discussion	Student's reasoning	Counsellor's advice	Follow-up actions	Counsellor's Signature	Student's Signature