

	ST. MICHAEL'S COLLEGE OF ILIGAN, INC	Document Code: SMCII.VPAA.ACF.001	
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Subject: Academic Consultation Form			

College: _____
Date : _____
Time : _____
Venue : _____

Name of Student : _____ Course & Year Level : _____
Subject : _____ Course Description : _____
Class Schedule : _____ Room # : _____
School Year : _____ Semester : _____ Term : _____
Subject Grade : _____

DIFFICULTIES IDENTIFIED	REMARKS

LEARNING ASSISTANCE PROVIDED BY THE TEACHER

RESOLUTION ATTAINED BY STUDENT & TEACHER

Student's Signature

Teacher's Signature over Printed Name

Noted by: _____
College Dean