

CC: *Academic Vice Dean *Student File



STUDENTS WITH DISABILITY OR MEDICAL PROBLEMS ANALYSIS FORM

This part to be filled by student and academic advisor: Advisor Name -----Student ID# ------Student Name -----Level -----Department -----Academic year-----Semester -----GPA-----Date -----Please Specify the type Disability or Medical problems you have: Please indicate the course(s) in which you are having difficulties: Course title Course number Course grade How did disability or medical problems affect the student academic level: Recommendations to overcome student academic level: Student signature: Advisor signature: Note: please attach any medical records

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