# OUR LADY OF FATIMA UNIVERSITY

Valenzuela│Quezon City│Antipolo│Pampanga│Cabanatuan

## FACULTY CONSULTATION FORM

ADM-031-12-000

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student number : \_\_\_\_\_ Course : Bachelor of Science in Nursing

Subject│Section│Year : CHNN LEC BSN 2ND YEAR

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultation Time│Day :

Purpose: Please check

Missed Periodic exam/s Absences Research related

 Missed Quizzes Practicum/internship (check) Grade inquiry/verification

Others: Please specify :

Requested outcome (specify the solution/action you want taken)

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ACTION - will forward in nursing office for further verification.

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Student signature Date

To be filled-up by the concerned faculty

 **Aida V. Garcia, MAN, RN Oct 2019**

Faculty name and signature Date

This should be submitted to the Dean’s office no more than 3 days after completed consultation session.