

Computer Science

Academic Advising Unit
FORM NO -AA-6

Track Selection Form

Student Section

Student Name:	<input type="text"/>
ID Number:	<input type="text"/>
GPA:	<input type="text"/>

Track Selection

(in the box, put 1 for First choice, 2 for Second choice)

<input type="checkbox"/> Artificial Intelligence	<input type="checkbox"/> Data Science	<input type="checkbox"/> Software Engineering	<input type="checkbox"/> Computer Security
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Student Signature:	<input type="text"/>
Date:	<input type="text"/>

Academic Adviser Section

Academic Adviser Opinion

1. STUDENT PERFORMANCE IN COURSES RELATED TO SELECTED TRACK	Low <input type="checkbox"/> Mid <input type="checkbox"/> High <input type="checkbox"/>
2. STUDENT SKILLS "DISCUSSION"	<input type="checkbox"/> Related <input type="checkbox"/> Not Related
3. BUSINESS NEEDS AWARENESS "DISCUSSION"	<input type="checkbox"/> Aware <input type="checkbox"/> Not Aware

Name and Signature

Date

Department Head Section

Department Head Approval

- Yes
 No

Reasons in case not approved:

<input type="text"/>

Name and Signature

Date