Faculty of Science & Technology
ACADEMIC ADVISING / CONSULTATION
B.Sc. (General) Degree

ID Number: _____

Surname: _____   First name: _____

Mobile #:_____   Other Contact(s):_____

Major 1 _____   Major 2 _____

Minor 1 _____   Minor 2 _____

Compulsory Credits

	MAJOR(s) / MINOR (s)	MINIMUM CREDITS
Compulsory	Minimum Level I credits	24 - Level 1 credits
	Minimum Advanced credits (single major)	60 - Advanced Level credits
	Minimum Advanced credits (single major with one minor)	60 - Advanced Level credits
	Minimum Advanced credits (Double major/ Joint majors)	60 - Advanced Level credits
	Minimum Advanced credits (single major with two minors)	60 - Advanced Level credits
Compulsory	3 Foundation Courses : (1) ☐ FOUN 1101 (2) ☐ FOUN 1105 (3) ☐ FOUN 1301	9 - Foundation credits
	Total Credits to Graduate = At least 93 (This is a MINIMUM REQUIREMENT and may vary depending upon the credit requirements for your programme of study)	

Please fill in only one (1) course per box of courses passed!

LEVEL I - YEAR I

SEMESTER I

Course	Credits
TOTAL	

SEMESTER II

Course	Credits
TOTAL	

SUMMER

Course	Credits
TOTAL	

At the End of Year 1:   My Level I Faculty Credits _____   Foundation Credits _____

ADVANCED LEVEL II - YEAR 2

SEMESTER I
Maximum #of Credits Allowed = 16

Course	Credits
TOTAL	

SEMESTER II
Maximum #of Credits Allowed =16

Course	Credits
TOTAL	

SUMMER

Course	Credits
TOTAL	

At the End of Year 2 Total Number of Credits Obtained:

Level I - Faculty Credits _____   Advanced Level Credits _____   Foundation Credits _____

ADVANCED LEVEL III - YEAR 3

SEMESTER I
Maximum #of Credits Allowed =16

Course	Credits
TOTAL	

SEMESTER II
Maximum #of Credits Allowed =16

Course	Credits
TOTAL	

SUMMER

Course	Credits
TOTAL	

At the End of Year 3 Total Number of Credits Obtained:

Level I - Faculty Credits _____   Advanced Level Credits _____   Foundation Credits _____

OUTSTANDING AFTER YEAR 3

Level I - Faculty Credits _____   Advanced Level Credits _____   Foundation Credits _____

ACADEMIC ADVISORS

ACADEMIC ADVISOR COMMENTS:

_____

_____

NAME OF ADVISOR (please print)   SIGNATURE OF ADVISOR   DATE

ACADEMIC ADVISOR COMMENTS:

_____

_____

NAME OF ADVISOR (please print)   SIGNATURE OF ADVISOR   DATE

ACADEMIC ADVISOR COMMENTS:

_____

_____

NAME OF ADVISOR (please print)   SIGNATURE OF ADVISOR   DATE