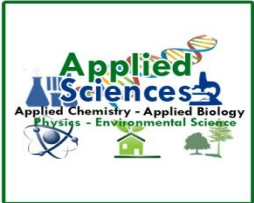




**DEPARTMENT OF APPLIED SCIENCES**  
HIGHER COLLEGE OF TECHNOLOGY  
Al-Khuwair, Muscat, Sultanate of Oman  
PHONE : 24473695 FAX : 24473839



**RECORD OF MEETINGS WITH STUDENTS/&ADVISING**

Date of Meeting	Time of Meeting	Duration of Meeting
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Name of Student	ID Number	Level	Month & Year of Intake
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Signed Student	Signed Academic Advisor
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