


ملحق – A
نموذج استمارات التقييم
والمتابعة الارشادية والعلمية
للطلبة.

ALAYEN IRAQI
UNIVERSITY
AUIQ

Appendix A

A.1 Advising and Guidance System Proposed Form

| | | | | | | |
|---|---|-----------------------------|---------|----------|--------|-----------|
| University of _____ | | | | | | |
| College of _____ | / Department of _____ | | | | | |
| <u>Student Information Form</u> | | | | | | |
| <u>Personal Information</u> | | | | | | |
| Student's Full Name: |  | | | | | |
| Study Level: | | | | | | |
| Gender: | | | | | | |
| Address: | | | | | | |
| Mobile Phone Number: | | | | | | |
| E-mail: | | | | | | |
| <u>Family Status</u> | | | | | | |
| Total Number of Family Members: | Brothers: | Sisters: | | | | |
| Is your father alive? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Is your mother alive? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Indicate the highest level of education completed by your father or male guardian and your mother or female guardian: | | | | | | |
| | Less than High School | High School | Diploma | Bachelor | Master | Doctorate |
| Father | | | | | | |
| Mother | | | | | | |
| With whom do you live? | <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others: _____ | | | | | |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowe(d r) <input type="checkbox"/> Divorced | | | | | |
| Family Financial Status: | <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low | | | | | |
| Living House Property: | <input type="checkbox"/> Rented <input type="checkbox"/> Owned | | | | | |
| Does the student live at dorms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <u>Medical Status</u> | | | | | | |
| Does the student have problems in: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking | | | | | | |
| Other chronic diseases: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart <input type="checkbox"/> Epilepsy <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Other | | | | | | |
| Advisor Name: | Signature: | | | 1 | | |
| Academic Title: | Date: | | | | | |



| <u>Student's Activities inside the department and the College</u> | | | | |
|---|-----------------|-------------------|----------------|---------------|
| | Degree | | | |
| | Always 10/10 | Sometimes 6/10 | Rarely 3/10 | Never 0/10 |
| 1. Is the student committed to wear uniform? | | | | |
| 2. Does s/he bring books and required study materials with her/him? | | | | |
| 3. Is he committed to the duties assigned to her/him? | | | | |
| 4. Does s/he have artistic / athletic activities? | | | | |
| 5. Is s/he good looking and doesn't affect by clothes and haircuts styles? | | | | |
| 6. Does s/he keep him/herself away from cheating in eXams? | | | | |
| 7. Does s/he participate in the department/college activities? | | | | |
| 8. Does s/he persevere to attend lectures on time? | | | | |
| 9. Does s/he obey college systems and menus? | | | | |
| 10. Does s/he have positive relation with colleagues that s/he can affect them? | | | | |
| 11. Does s/he have ability to make decisions solve problems? | | | | |
| 12. Does s/he have good relationship with faculty members? | | | | |
| 13. Does s/he preserve department / college and equipments? | | | | |
| 14. Does s/he maintain her/his academic level and keep developing it? | | | | |
| 15. Is s/he skilled in most curriculums? | | | | |
| Total | | | | |
| Advisor Name: | | Signature: | | |
| Academic Title: | | Date: | | |



Student's Personnel, Behavioral, Social, and Psychological Properties

| | Degree | | | |
|---|-----------------|-------------------|----------------|---------------|
| | Always 10/10 | Sometimes 6/10 | Rarely 3/10 | Never 0/10 |
| 1. Is the student cooperative with his/her colleagues? | | | | |
| 2. Does s/he show aggressive behavior? | | | | |
| 3. Does he show worry and anxiety? | | | | |
| 4. Is s/he social? | | | | |
| 5. Is s/he an introvert? | | | | |
| 6. Does s/he have troubles with others inside or outside the college? | | | | |
| 7. Does s/he have smoking trouble? | | | | |
| 8. Is s/he always late from first lecture? | | | | |
| 9. Does s/he have troubles in concentration? | | | | |
| 10. Does s/he have inability to study? | | | | |
| 11. Does s/he have inconsistency in doing assignments? | | | | |
| 12. Does s/he sleep during lectures? | | | | |
| 13. Does s/he have exam phobia? | | | | |
| 14. Does s/he usually prefer to study alone? | | | | |
| 15. Is s/he confused when s/he talks with others? | | | | |
| 16. Is s/he confused when s/he talks with faculty members? | | | | |
| 17. Does s/he get angry when s/he doesn't like the subject? | | | | |
| Total | | | | |

Advisor Name:

Academic Title:

Signature:

Date:



Advisor Final Report

Advisor Name:

Academic Title:

Signature:

Date:

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| Personal Capabilities | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------|--|--|--------------------------------------|
| Relationship with others | Perfect | Good | Sometimes | With troubles | Rarely |
| | | | | | |
| Ability to make decisions | EXcellent | Above average | Usually make correct decision | Sometimes make correct decision | Always make wrong decisions |
| | | | | | |
| Ability to learn | Fast | Easy | Normal average | Slowly | Very slowly |
| | | | | | |
| Work accomplishment | Always accomplishing with enthusiasm | Accomplishing with seriousness | Usually accomplishing with seriousness | Sometimes accomplishing with seriousness | Never accomplishing with seriousness |
| | | | | | |
| Possibility of depending on him/her | Great | Above average | Usually | Sometimes | Never |
| | | | | | |
| Duties accomplishing quality | EXcellent | Very good | Good | Fair | Failed |
| | | | | | |
| Attendance | Regular | | Irregular | | |
| | | | | | |
| Time handling accuracy | Accurate | | Inaccurate | | |
| | | | | | |
| Advisor Name: | | | Signature: | | |
| Academic Title: | | | Date: | | |

| Academic Abilities | | | | | |
|---|-----------|-----------|------------|------|--------|
| Ability | Degree | | | | |
| | EXcellent | Very good | Good | Fair | Failed |
| Ability to apply knowledge of mathematics, science, and engineering fundamentals. | | | | | |
| Ability to outline and conduct eXperiments as well as analyze and interpret data. | | | | | |
| Ability to function on multi-disciplinary teams to analyze and solve problems. | | | | | |
| Ability to identify, evaluate and solve engineering problems. | | | | | |
| Understanding of the responsibility of engineers to practice in a professional and ethical manner at all times. | | | | | |
| Ability to communicate effectively using oral, written, and graphic forms. | | | | | |
| Knowledge of contemporary issues related to engineering. | | | | | |
| If the advisor has any other / further information, please write them here: | | | | | |
| <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> | | | | | |
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| Advisor Name: | | | Signature: | | 6 |
| Academic Title: | | | Date: | | |

| <u>Student's Marks Card</u> | | | | |
|--------------------------------|------------------|---------------------|------------------|-----------------|
| Department of _____ | | | | |
| Student's Full Name _____ | | | | |
| Study Level _____ | | | | |
| Sequence | Curricular Title | Mark (Number) | Mark (written) | Grade / Attempt |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| EXamination Committee Chairman | | Department Chairman | | |
| Name: _____ | | Name: _____ | | |
| Signature: _____ | | Signature: _____ | | |
| Date: _____ | | Date: _____ | | |
| Advisor Name: _____ | | | Signature: _____ | |
| Academic Title: _____ | | | Date: _____ | |

AUTQ

ملحق – B

امر تشكيل لجنة الارشاد التربوي والاشراف العلمي

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AUIQ



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