ADA COLLEGE OF EDUCATION

CONSENT FORM FOR ACADEMIC COUNSELLORS (2 copies each)

(2022/2023 ACADEMIC YEAR)

NAME OF STAFF:.....

STAFF ID:.....

DEPARTMENT/UNIT/FACULTY:.....

MAJOR SUBJECT AREA.....

PREVIOUS CLASS/GROUP COUNSELLED.....

NUMBER OF YEARS OF TEACHING:.....

NUMBER OF YEARS OF TEACHING EXPERIENCE IN COLLEGE SYSTEM: .....

RANK:.....

I.....promise to avail myself regularly, as an Academic Counselor for the **Class/Group/Individuals** assigned to me.

SIGNATURE..... DATE.....

(FOR OFFICIAL USE ONLY)

I .....testify that the member of staff has the requisite experience and is ready to carry out his/her duties as an academic counsellor for class/group/ individuals.....

SIGNATURE.....

PRINCIPAL DATE:.....