COLLEGE OF ENGINEERING AND INFORMATION TECHNOLOGY

CONSULTATION SLIP FORM

Client : Student	Name of Client / Signature : Name of Org. / Institution :
Faculty Staff Parent	Time Started: Time Ended:
Officers: Pecify:	
Purpose: Thesis	Others
Subject	Please specify:
Personal Action Taken / Remarks:	
Action Taken / Remarks.	

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Signature Over Printed Name of Faculty	,	