

المملكة العربية السعودية وزارة التعليم العالي جامعة الحدود الشمالية كلية التربية و الأداب بعر عر قسم اللغات والترجمة شاط الطالات

## **Academic Advising for Students with Specific Needs**

Language and Translation department has an academic advising committee to plan, monitor and evaluate students' educational needs. The main objective of the academic advising committee is to guide students in their academic matters to ensure smooth progression of their courses. Department fosters an environment where our academic advisors endeavor to value students facing social or psychological hindrances, health problems, and any other learning disabilities. Academic advisors plan their academic practices tailored to students' specific needs to promote their wellness, personal growth and skills. Students are always encouraged to discuss their problems and specific needs in order to ensure a timely advising support to overcome those problems. Performances of the low achieving students are closely monitored. Academic advisors help students to identify the causes of weaknesses and and motivate them to ensure development of their academic standards.

## **Objectives**

The objectives of the academic advisors while addressing the specific-needs students are to.

- 1. identify students 'social, psychological and health problems, or any other learning disabilities.
- 2. keep a complete and accurate record of students' problems.
- 3. provide academic guidance in accordance with their specific needs.
- 4. ensure timely help and consultations on psychological and social issues.
- 5. help low achieving students to improve their levels.
- 6. provide information on campus facilities, learning aids or any other equipment.
- 7. arrange any special examination arrangements.
- 8. facilitate students through volunteer peer help.

Kingdom of Saudi Arabia Ministry of Higher Education Northern Border University College of Education and Arts, Arar Languages and Translation Dept. Women's Division



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## **Student Specific Need Advising Form**

| Student Name:          | Department:                             |
|------------------------|---|
| Student ID:            | Semester:                               |
| Mobile No.:            | . Academic Year: 14/                    |
|                        |   |
| Special Needs:         |   |
| ••••••                 |   |
|                        |   |
|                        |   |
| Associated Conditions: |   |
|                        | ••••••••••••••••••••••••••••••••••••••• |
|                        |   |
|                        |   |
| Consultation Provided: |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
| Student's Name:        | Academic Advisor's Name:                |
| Signature:             | Signature:                              |