

**ENGLISH DEPARTMENT, FKIP UNSYIAH**

**STUDY PROGRAM S1**

CONSULTATION CONTROL FORM

**RESEARCH RATIONAL**

Student Name : ................................... Academic Advisor: .....................................................

Student Number : ...................................

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| --- | --- | --- | --- | --- |
| **No.** | **Consultation Stage**(Guidance and supervisory Services) | **Received** | **Return to Student** | **Advisor’s Remarks** |
| **Date** | **Adv’s Initial** | **Date** | **Stu’s Initial** |
| 1. | Consultation Service I |  |  |  |  |  |
| 2. | Consultation Service II |  |  |  |  |  |
| 3. | Consultation Service III |  |  |  |  |  |
| 4. | Consultation Service IV |  |  |  |  |  |
| 5. | Consultation Service V |  |  |  |  |  |
| 6. | Consultation Service VI |  |  |  |  |  |
| 7. | Approval for format and general content |  |  |  |  |  |
| 8. | Proceed to proposal |  |  |  |  |  |

Acknowledged, Banda Aceh, ........................... 2018

Coordinator of Undergraduate Academic Advisor,

 Study program (S1)

**Dr. Kismullah, S.Pd., M.A. ................................................................**

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Banda Aceh, 12 Juni 2010

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