**HPA Office Advising Update Sheet (2016-2017)**

**Fully complete the information so we may better assist you during your appointment.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASU email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Professions Career Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned Application Year: \_\_\_\_\_\_\_\_\_**

**What brings you in today? List any questions, concerns, information you hope to receive. Be as specific and detailed as possible.**

**Academics:** *Update the pre-requisite courses* that you have taken (or are currently taking) for your program since your last visit. You should include courses that you took as a transfer student, through early enrollment/early college, or earned through AP or IB courses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Freshman** | **Sophomore** | **Junior** | **Senior** | **PB/Grad** |
| **Fall** |  |  |  |  |  |
| **Spring**  |   |  |  |  |  |
| **Summer** |  |  |  |  |  |

**Activities Updates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Dates** | **Where/Who/What** | **Avg Hrs/Week** | **Description**  |
| **Clinical Experiences** |  |  |  |  |
| **Clubs/Orgs** |  |  |  |  |
| **Community****Involvement** |  |  |  |  |
| **Employment** |  |  |  |  |
| **Research**  |  |  |  |  |