

## 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:**

	<b>Dates</b>	<b>Where/Who/What</b>	<b>Avg Hrs/Week</b>	<b>Description</b>
<b>Clinical Experiences</b>				
<b>Clubs/Orgs</b>				
<b>Community Involvement</b>				
<b>Employment</b>				
<b>Research</b>				