

## Student Advisee Information

Please print or type the following information.

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ HUID Number \_\_\_\_\_

Telephone No. \_\_\_\_\_ HU Email \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Personal E-Mail \_\_\_\_\_

Address During the School Year (Sept - May):

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Name, Address and Telephone Number of Person to Contact in Case of an Emergency:

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Your Mailing/Contact Information from May-August if different than above:

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What are your academic goals while you are matriculating at the School of Pharmacy at Hampton University?

What are your professional goals upon graduation?

What is your present GPA?

What do you consider to be your academic strengths and weaknesses?

Please complete the following two charts. Feel free to attach a resume if you prefer.

**EMPLOYMENT EXPERIENCE:**

Employer/ Address	Position Title	Job Responsibilities/Experiences Gained	Dates of Employment

**PREVIOUS EDUCATION:**

Education	Name of Institution	Dates Attended	Degree Attained	GPA (3.5-4.0, 3.0-3.4; 2.5-2.9; 2.0-2.4)
Graduate School				
Undergraduate School				
Undergraduate School				
Other Institution				