



**Student Information Form**

**Academic Advising Services**

Date: \_\_\_\_\_ Primary Advisor: \_\_\_\_\_

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

DSU Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Classification:  Freshman  Sophomore  Junior  Senior

High School, College, or Institution(s) Attended: \_\_\_\_\_

My hobbies/interests include: \_\_\_\_\_

My favorite subject is: \_\_\_\_\_ My least favorite subject is: \_\_\_\_\_

I am  Undeclared or  Undeclared, focusing in: \_\_\_\_\_

I am an Honors College Fellow?  Yes  No Number of hours currently enrolled this semester: \_\_\_\_\_

I am student athlete  Yes  No If so, which collegiate sport do I play? \_\_\_\_\_

I have a part/full-time  On-Campus,  Off-Campus, or  Not Applicable If so, hours/week: \_\_\_\_\_

I am currently struggling with courses.  Yes  No If so, which course(s): \_\_\_\_\_

I need tutoring at this time.  Yes  No If so, what subject(s): \_\_\_\_\_

*By signing below, I certify that all information is true and correct to the best of my knowledge. I understand that any falsified or omitted information may result in a delay of the services.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Modified May 2016