

INFORMATION for MY ACADEMIC ADVISOR

NAME _____

(Please print and include your preferred first name)

- In high school, what were your favorite courses? What are your academic strengths?

- What do you most look forward to at Hope College?

- What is your greatest academic concern?

- What do you plan to accomplish in your undergraduate education? Do you have any ideas about possible fields of interest (majors) or career goals?

- What activities outside the classroom do you think you may pursue at Hope College?

- What academic skills do you plan to work hardest to improve?
 - Mathematical Skills
 - Study Skills
 - Writing Skills
 - Reading Skills
 - Oral Communication Skills
 - Time Management Skills
 - Other _____

- Is there other information you would like your academic advisor to know?

Please return this form along with your REGISTRATION WORKSHEET in the POSTAGE-PAID ENVELOPE provided. *Thank you!*