This questionnaire must be completed in advance of a pre-health advising appointment.

Name: ________________________________ UIN: ________________________________

(Last) (First)

Email: ________________________________ Phone: ________________________________

1. What professional school do you intend to pursue? When do you intend to begin your study?

2. What is your cumulative GPR? ________________________________

3. How do you know this is the field for you? What specific experiences have you had in this field?

4. What prerequisites have you completed so far?

5. List specific questions that you have for the pre-professional school advisor: