

STUDENT PROFILE FORM

(This information is confidential, for academic advising only, and will not be shared with any third persons)

Student Name ----- Student ID# -----

Department ----- Level -----

E-Mail Address -----

Date of Birth / /

Emergency Contact

1- Name: ----- relationship: ----- Phone: -----

2- Name: ----- relationship: ----- Phone: -----

Residence address: -----

Residence Phone: -----

Marital Status:

Material status:	Material status change: (during the studying years)
<ul style="list-style-type: none"> • Single • Married • Other ----- 	<ul style="list-style-type: none"> • Married • Other ----- <p>Date: -----</p> <p>Academic Year: -----</p>

Financial status:

Number of family members residing at home: ----- (Including Yourself)

Are the costs of material for the program difficult for you to provide? (Y-----/N-----)

Medical status:

Do You Have any Disability or Medical problems? (Y-----/N-----)

If Yes, Specify:

Is there a history of mental illness in your family? (Y-/N-)

Have you ever been hospitalized for psychiatric reasons? (Y-----/N-----)

Hobbies and sports:

Do you have any hobbies, sports, talents or language skills? if any (Specify):

Is there anything else you would like us to know?



Notes

- This form is filled by the student and advisor together.
- I understand that I must cooperate and be an active participant by regularly attending the appointments required by the academic advisors.
- I agree to participate in the academic advisors Services and certify that the information provided on this profile form is correct to the best of my knowledge.
- This form is confidential between the student and her advisor. Sharing any of the required personal information is optional. The student has the right to ask her advisor not to share any provided personal information with the administration or the faculty members without her consent

Student name:

Student signature:

Date:

Advisor name:

Advisor signature:

Date:
