

PURDUE UNIVERSITY * SCHOOL OF HEALTH SCIENCES * 2008

STUDENT INFORMATION FORM

COMPLETE AND RETURN BY MAY 23, 2008

TO: PURDUE UNIVERSITY SCHOOL OF HEALTH SCIENCES
550 STADIUM MALL DR, CIVL 1163, WEST LAFAYETTE, IN 47907

Full Name: _____ Name you like to be called: _____

Home Address: _____

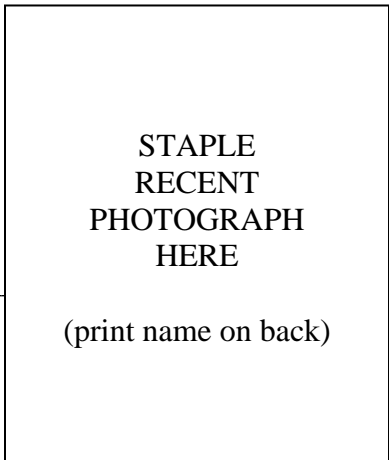
City: _____ State: _____ Zip: _____

Home Telephone No.: _____ Purdue I.D. Number _____

High School _____ City: _____

Purdue Residence Hall: _____

Home E-mail account (if applicable): _____



I. GENERAL INFORMATION

A. Advanced honors / AP courses taken in high school: Exam: _____ Date taken: _____

B. Community Service Experience: _____

C. List your school-related extracurricular activities, including offices held: _____

D. Describe your work experience: _____

E. List your leisure time activities (hobbies, music, athletics, etc.): _____

F. What do you consider to be your greatest strength? _____

G. What do you consider to be your greatest weakness? _____

H. Which of the student orientation programs have you attended at Purdue?

Purdue Preview Day Purdue Scholar's Day

Purdue's For Me Other

I. Father's Full Name: _____ Mother's Full Name: _____

J. Father's Occupation: _____ Mother's Occupation: _____

K. List your computer skills: _____

L. Will you attend Boiler Gold Rush: _____

II. DURING YOUR FIRST SEMESTER AT PURDUE

A. Do you plan to have a part-time job? Yes (number of hours/week _____) No _____

B. Do you plan to participate in intercollegiate athletics, band, or extracurricular activities? ____ Yes ____ No
If yes, please indicate _____

C. Do you anticipate a need for assistance in any of the following areas? (Check as many as apply)

Study Skills Biology Career Counseling Test Anxiety

Reading Skills Chemistry Personal Counseling Physics

Writing Skills Mathematics Interest/Aptitude Tests Other _____

III. PLEASE INDICATE IN A FEW SENTENCES WHAT YOUR MAJOR INTERESTS ARE IN HEALTH SCIENCES AND WHAT OTHER INTERESTS OUTSIDE HEALTH SCIENCES YOU MIGHT LIKE TO STUDY WHILE AT PURDUE.

IV. If you have established credit at another university, please indicate when, where, and the grade received: _____

V. PLEASE MARK YOUR EXPECTED CHOICE OF MAJOR (1 = First Choice; 2 = Second Choice)

- | | |
|---|---|
| _____ Medical Technology – 072 | _____ Predentistry – 080 |
| _____ Radiological Health – 073 | _____ Prephysical Therapy/Preoccupational Therapy - 080 |
| _____ Occupational Health – 074 | _____ Undecided |
| _____ Environmental Health Sciences – 079 | _____ Other (Specify: _____) |
| _____ Premedicine – 080 | |

VI. Please complete the chart below describing your academic background at the time of high school graduation.

Your Background			P.U. Exams for Credit	
High School Subject Areas	Average Grade	Semesters * Taken	If You've Taken	This exam suggested
Algebra & Adv. Algebra			3 Sem.	MA 153
Plane and/or Solid Geometry			<i>NO EXAM OFFERED</i>	
Trigonometry			1 Sem.	MA 159
Analytical Geometry			<i>NO EXAM OFFERED</i>	
Calculus			1 Sem. 2 Sem.	MA 165 MA 165/166
Statistics			<i>NO EXAM OFFERED</i>	
Other: Math			<i>NO EXAM OFFERED</i>	
Biology			<i>EXAM NOT RECOMMENDED</i>	
Chemistry			<i>EXAM NOT RECOMMENDED</i>	
Physics			<i>EXAM NOT RECOMMENDED</i>	
Computer Programming			<i>NO EXAM OFFERED</i>	
Honors English			<i>NO EXAM OFFERED</i>	
Business English			<i>NO EXAM OFFERED</i>	
Foreign Language French <input type="checkbox"/> Russian <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Latin <input type="checkbox"/> Italian <input type="checkbox"/>			4 Sem. (2-4 Yrs.)	Language Placement

* 1 semester = 18 weeks

Remember: Please return by May 23, 2008