**Student Academic Counseling & Advisory Request Form**

*Student Advisory is designed to assist students achieve his or her academic and personal goals. HTIM offers one-on-one advisement to all students to address academic and personal issues. Advisement provides each student advocacy and support in difficult social and academic situations. It is recommended that each student participate in 1 one-on-one Student Advisory session during their matriculation. Please complete this form and submit to Academic Affairs to schedule your session.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | Age |  |
| School Email |  | @htim.edu | Months Enrolled |  |

**Program**

Certified Medical Assistant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Information Management

Office Administration

Patient Care Technician

 1. Please tell us what times work best for you by circling the day(s) and time period(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon |

2. What is your primary mode of transportation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you ever have trouble getting to school? Yes/No

What topics would you like to discuss? Please provide a brief overview.

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