



OFFICE OF MULTICULTURAL DEVELOPMENT
4PAS – Four Phase Advising System

Please complete the entire form. Print the information clearly and legibly.

Advisee's Personal Information

Name: _____ Student ID # _____
First Middle Initial Last

Gender: Male Female Ethnicity: _____ Date of birth: ____/____/____

Campus or Home address: _____
Street / Res. Hall / Apt. # or P.O. Box City State Zip Code

Cell phone: (____) _____ Campus/local phone: (____) _____

E-mail: _____@uakron.edu Personal e-mail: _____

Advisee's Academic Information

I am a: First-Year Student Sophomore Junior Senior

In: University College Summit College Degree-Granting College: _____

(Intended) Major/Minor: _____ Undecided / Exploring

Number of academic credit hours completed to date: _____ Current CUM GPA: _____

Activities I enjoy or am interested in (please select all that apply):

- Reading Writing Cultural Events
- Community Service Travel Religious Involvement
- Playing Sports Watching Sports Video Games
- Movies/Theater Performing Music/Dance Professional Clubs/Organizations

Other Activities & Interests: _____

Are you interested in also working with a Peer Mentor? **YES NO**
I would like my Peer Mentor to be Male Female or I have no preference

Based on your availability, indicate as precisely as possible the best days/times* for your advising/mentoring meetings to take place:

- Mondays best times: _____
- Tuesdays best times: _____
- Wednesdays best times: _____
- Thursdays best times: _____
- Fridays best times: _____

* OMD is open Monday-Friday, 8am-5pm

Advisee's Signature _____

Date _____