

Student Advisory and Support Program (SASP)- Primary Form

This Form is for the purpose of student mentoring program in Windsor University School of Medicine . The form contains confidential and personal information and will be viewed only by Mentor and the Dean of Student Affairs. Please provide accurate information for the following questions

Your username (**sasp@windsor.edu**) will be recorded when you submit this form. Not **sasp**?

[Sign out](#)

* Required

Student Advisory Service Agreement (SASA)



SASP

We Care to Advise...Always

1.

I am a student of Windsor University School of Medicine and I am aware of the this Program which is mandatory for the course. I am also aware that I will be assigned an Advisor by the University who will advise me in matters pertaining to achieving my Academic Goals. I hereby agree to meet the necessary formalities and be compliant with rules and regulations of the program. I will provide honest answers to the questions posed to me. *

Mark only one oval.

I Agree *Skip to question 4.*

I donot Agree *Skip to question 2.*

SASA Refusal

2.

Please meet Dr Venkatesh , Dean of Student Affairs at the earliest to explain why you should be exempted from this program. *

Mark only one oval.

Yes I will meet Dr Venkatesh *After the last question in this section, stop filling out this form.*

I want reconsider my options in SASA *After the last question in this section, skip to question 1.*

3.

.....

Advisor Name

4.

Advisor name *

Your Advisor is

Mark only one oval.

- Dr Pushparaj Shetty
- Dr Sreekanth Thota
- Dr Jaya
- Dr Sanjib Das
- Dr Soumitra Chakraborty
- Dr Shafali Singh
- Dr Bikram Sigh Saroya
- Dr Safeer Khan

Personal Information

Please fill your personal information as requested

5.

First Name *

.....

6.

Last Name *

.....

7.

Citizenship *

Mark only one oval.

- Nigeria
- United states
- Canada
- St Kitts
- India
- Pakistan
- Syria
- South Korea
- Egypt
- somalia
- other

8.

School Id number *

.....

9.

Present semester *

Mark only one oval.

- Premed 1
- premed2
- premed 3
- MD 1
- MD 2
- MD 3
- MD 4
- MD 5

10.

PHONE NUMBER *

.....

11.

PERSONAL E MAIL *

.....

12.

HEIGHT in cm *

.....

13.

Weight in kg *

.....

14.

Present Housing - Place in St Kitts *

.....

15.

How do you Travel to school? *

Mark only one oval.

- foot
- H bus
- school bus
- own Car
- BIKE
- Friend"s Car

16.

Interests

Choose any three
Check all that apply.

- football
- music
- cuisine
- painting
- reading
- fitness
- basketball
- Other:

Background Information

Please fill details about your previous education and occupation

17.

Previous school degrees

.....

.....

.....

.....

.....

18.

Previous Occupation

.....

.....

.....

.....

.....

Current Issues: Academic

Please answer the following questions honestly

19.

How are you finding your present course? *

Mark only one oval.

- Impossible
- Difficult
- Managable
- Easy
- Cakewalk

20.

How are you managing your time? *

Mark only one oval.

- very effeciently
- appropriately
- very poorly

21.

How are your study skills? *

Mark only one oval.

- excellent
- good
- mediocre
- very poor

22.

How do you perceive you did in your quiz/block1? *

Mark only one oval.

- Extremely Good
- Satisfied
- Not satisfied
- extremely disaapointed

Current Issues: Personal and Health

Please fill details requested about your personal well being

23.

Sleep *

Check all that apply.

- I feel refreshed after the night sleep
- I don't feel refreshed after the night sleep
- Feel sleepy in class
- I have difficulty falling asleep

24.

Diet *

Check all that apply.

- Vegetarian
- Non vegetarian

25.

What daily exercise do you do to keep yourself physically fit?

.....

Current Issues : Financial

26.

Funding for course *

Mark only one oval.

- Self
- parents/gaurdian
- Bank loan
- government

27.

Issues with payment of Fees *

Mark only one oval.

- Paying on time
- Delayed due to financial issues

Send me a copy of my responses.