

POST BLOCK 1 VISIT 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



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

I donot Agree

2.

SASP Advisor name *

Your Advisor is

.....

3.

First Name *

.....

4. **Last Name ***

.....

5. **Gender ***

Mark only one oval.

Male

Female

6. **Citizenship ***

.....

7. **School Id number ***

.....

8. **Present semester ***

.....

9. **PHONE NUMBER ***

.....

10. **WINDSOR E -MAIL ***

.....

11. **HEIGHT in cm ***

.....

12. **Weight in kg ***

.....

13. **Present Housing - Place in St Kitts ***

.....

14. **How do you Travel to school? ***

.....

15. **Interests**
Choose any three

.....

16. **Previous school degrees**
Please use less than 10 words

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17. **Previous Occupation**
Please use less than 10 words

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18. **How are you finding your present course? ***

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19. **How are you managing your time? ***

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20. **How are your study skills? ***

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

.....

22. **Sleep ***

.....

23. **Diet ***

.....

24. **What daily exercise do you do to keep yourself physically fit?**

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25. **Funding for course ***

.....

26. **Issues with payment of Fees ***

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FORM AREA BELOW TO BE FILLED BY SASP ADVISOR

kindly fill the below areas after meeting with your advisee and submit the form.

27.

Confidential Remarks from SASP Personal Academic Advisor

This information is not shared with the student: Please write any confidential review in the space below

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28.

Advise given to the student *

This part will be shared with student.

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29.

Referrals

Please relevant boxes when required
Check all that apply.

- Student Affairs
- Health Clinic
- Psychological Services
- Boost Seminar

Send me a copy of my responses.