

PRE-ADVISING QUESTIONNAIRE

	MDCC D#:				
Addres	s: (street)	(city)	(state)	(zip)	
Phone i	#: N	IDCC Student e-mail:		@student.msdelta.edu	
1.	What high school did you attend?				
2.	Have you completed any college coursew	vork (including dual enrollm	ent)? □ Yes	\square No	
3.	Are you a first-generation college studer (That is, are you the first person in your family to		\square No		
4.	Have you declared a major or are you un	ndeclared?			
		\Box Undeclared	1		
5.	Are you a dorm or commuter student?	\Box Dorm	\Box Commuter		
6.	Will you be employed while you are enro	olled as a student at MDCC?)		
		☐ Yes. Emplo	yer:		
		Numl	ber of hours work	ted per week:	
		\square No			
7.	Do you plan on transferring to a 4-year institution after your time at MDCC?				
	☐ Yes. List institution:		\square No		
8.	Will you be participating in any extra-cu	urricular activities at MDCC	?? (sports, band, e	etc.)	
		□ Yes. Activit	zy:		

 \square No

9.	Check the goals that you would like to accomplish during your first year at MDCC.				
	$\hfill\square$ Maintain a G.P.A. of 3.0 or higher	$\hfill\Box$ Get involved in student/campus activities			
	☐ Use the Center of Learning for tutoring services	\square Maintain regular attendance in every class (In other			
		words, avoid exceeding the allowed number of cuts per course.			
	☐ List any other goals:				
10.	List any concerns and/or challenges that you may have that could prevent you from being successful while enrolled as a student at MDCC. (family obligations, work conflicts, transportation difficulties, extracurricular commitments, etc.)				
11.	What do you feel are your academic strengths?				
12.	What do you feel are your academic weaknesses?				
13.	Where do you see yourself in 5 years? List 3 long-ter	rm goals that you have set for yourself.			