

Pre-Professional Program  
Advisor Clearance

Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student's University ID#: \_\_\_\_\_

Student's Social Security # \_\_\_\_\_

(only if for a late applicant after posted deadlines)

Professional Objective (e.g.:Medicine ; Veterinary):

\_\_\_\_\_

Course work to be taken, first semester:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor's Name (Please print) \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

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-For Office Use Only-

Advisor Clearance checklist assigned (when available)

Admission Specialist name: \_\_\_\_\_

Date \_\_\_\_\_

