



Howard Hughes Medical Institute NUCLEUS Program

STUDENT PROFILE

Name: _____ Date: _____ ID # _____

Gender: _____ Date of Birth: _____ Ethnicity: _____

Permanent Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Campus Address: _____
Street City State Zip Code

Phone: _____ Email: _____ V-mail: _____

Parents / Guardian name: _____

The best method to contact me is by: phone voice mail e-mail

The best time of day to contact me is between: _____

Please check the appropriate box:

Freshman Sophomore Junior Senior Transfer

Expected Date of Graduation: _____

Major(s): _____ Minor(s): _____

The most important services / information that I wish to receive from NUCLEUS are:
(Check all that apply)

- Time Management
- Familiarity with Campus Resources
- Tutoring
- Advisement
- Academic Support
- Career Planning
- Graduate School Planning
- Internship / Summer Program Placements
- Faculty Networking Skills
- Other (please describe) _____

Briefly describe your career goals: _____

Briefly describe your leadership activities: _____

Briefly describe your extracurricular activities: _____

Thank you for your cooperation. This information will remain confidential and will assist the program in designing activities to meet your academic and career needs.