



Student Academic Advising

The mission of the Center for Diversity and Multicultural Affairs is to provide OHSU with vision and leadership pertaining to diversity and cultural issues as they relate to academic matters, faculty, staff, hospitals and patient services.

In addition, CeDMA develops and implements programs and activities to advance the academic, career and personal development of underrepresented minority and disadvantaged student populations. We offer academic advising to prospective students interested in OHSU programs. To ensure proper advising is delivered to students, we ask one to prepare appropriately. Students will need to provide the following prior to the scheduling of an advising session with a CeDMA advisor:

- Current transcript & past transcripts of all attending colleges/universities (high school students, please supply high school transcripts.)
- Current resume (volunteer efforts, community service projects, etc.)
- Completed CeDMA Academic Advising Forms (call or email CeDMA to receive the forms.)
- Once all necessary information has been received, an appointment will be scheduled to meet with advisor for evaluation and advising.
- Students will be provided with short and long term academic preparation plan.
- Students are also referred to services as appropriate i.e. referrals, scholarships, enrichment/academic programs, shadowing, mentorship, volunteer, and paid opportunities.
- Students are tracked and monitored until they reach their career/academic goal.

Please submit all materials or direct your inquires to the following address:

**Oregon Health & Science University
Center for Diversity & Multicultural Affairs, L601
3181 SW Sam Jackson Park Road
Portland, OR 97239
(503) 494-5657 or (503) 494-7574
(503) 494-4916 FAX
www.ohsu.edu/academic/diversity/**



Authorization to Release Academic Information

I authorize my advisor, _____

Name

at the Center for Diversity & Multicultural Affairs (CeDMA), Oregon Health & Science University to release my academic records and other related academic information. I further consent CeDMA advisors may obtain the information by phone, e-mail, and fax or in writing. This information is only to be viewed and released to CeDMA and or the admissions director of my prospective program of interest.

I agree to contact CeDMA at least quarterly regarding my academic progress or status. Failure to contact CeDMA for two consecutive terms (quarter/semester) may discontinue my participation in the academic advising program.

Name [printed] _____ Date _____

Signature _____

OHSU is an equal opportunity, affirmative action institution.

CENTER FOR DIVERSITY AND MULTICULTURAL AFFAIRS

INDIVIDUAL RECORD - ACADEMIC ADVISING SERVICE

(This form is subject to the Privacy Act of 1974)

LAST NAME - FIRST NAME - MIDDLE INITIAL			ACADEMIC ADVISOR			MAJOR			
PHONE NUMBER(S) - HOME - CELL		MAILING ADDRESS			PERMANENT ADDRESS				
DATE OF BIRTH		AGE		GENDER		RACE / ETHNICITY			
E-MAIL ADDRESS			EDUCATION INSTITUTION			LOCATION OF INSTITUTION - CITY & STATE			
EDUCATION INFORMATION									
HIGH SCHOOL		ASSOCIATE DEGREE		BACCALAUREATE DEGREE		MASTER'S DEGREE		DOCTORATE DEGREE	
HONOR	MAJOR			MAJOR		MAJOR		MAJOR	
GRAD DATE	GRAD DATE		GRAD DATE		GRAD DATE		GRAD DATE		
GPA	GPA		GPA		GPA		GPA		
EXAMINATION									
PSAT	SAT		ACT		MCAT		DAT	GRE	TOEFL
SCORE DATE	SCORE DATE	SCORE DATE		SCORE DATE		SCORE DATE		SCORE DATE	SCORE DATE
LANGUAGE PROFICIENCY									
DESCRIBE CHECK ONE	PRIMARY: YEARS:		SECONDARY: YEARS:		OTHER: YEARS:		SIGN LANGUAGE		
							YEARS:		
	YES	NO	YES	NO	YES	NO	YES	NO	
	SPEAK		SPEAK		SPEAK		READ		
	READ		READ		READ		PERFORM		
WRITE		WRITE		WRITE					
PROSPECTIVE STUDENT STATUS									
STATUS - YEAR OF STUDY / POST-BAC / GRAD / NON-TRADITIONAL				EXPECTED GRADUATION DATE		CURRENT GPA		OHSU PROGRAM OF INTEREST	
REFERRED BY			EXPECTED APPLICATION DATE TO OHSU			ACADEMIC ADVISING STATUS			
						OPEN DATE		CLOSED DATE	