Compass Check
Hampton University Compass Check
“Moving In The Right Direction”

Student Name: ________________________________________________________
Campus/Local Address: ________________________________________________________
Phone: ________________________________________________________________
Student ID: _______________________________________________________________

I would like to:
☐ Share an Idea ______________________________________________________________________
____________________________________________________________________________________
☐ Get Assistance with: (Check one)
☐ Study Skills ☐ Test Taking/Anxiety ☐ Time Management
☐ Figure out how to pay my tuition.
☐ Express a Concern ______________________________________________________________________
____________________________________________________________________________________
☐ Discuss a confidential matter.
☐ Discuss how to decide upon a career, pursue an internship.
☐ Explore studying abroad.
☐ Explore doing a service learning project.
☐ Discuss a roommate issue.
☐ Get a tutor.
☐ Resolve an issue with my financial aid.
☐ Get assistance with academic advising.
☐ Receive accommodations for my learning disability.
☐ Get assistance with my student account.
☐ Discuss a health related issue.
☐ Explore graduate study.
☐ Get assistance with my academic record.
☐ Other ____________________________________________________________________________
____________________________________________________________________________________

Action: __________________________________________________________________________
____________________________________________________________________________________

Student Signature ___________________________ Date Signed ________________

Return this form to: Assessment Center
Armstrong Slater Building
1st Floor
Hampton, Virginia 23668