

**JOIN THE STUDENT HEALTH PROFESSION NETWORK
REGISTRATION FORM**

Complete form and submit to HPAC Administrative Assistant, Ellen Grandy, by e-mail to _____, or drop off to CIS 270D.

Name _____ **Class** _____

E-mail Address _____ **Cell Phone #** _____

Intended or Declared Major _____

Academic Advisor _____

Summer Advisor (freshman only) _____

I am interested in the following health profession(s): (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physician Assistant | |
| <input type="checkbox"/> Other (Please Specify) | _____ | |

Signed _____ **Date** _____

Please Note:
