

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Note:**

\_\_\_\_\_