Health Professions Information Form

I. General Information

Name ______________________
Student ID # ______________________
Graduation Year ______________________
Major ______________________
Minor ______________________
Advisor ______________________
School Box # ______________________
E-mail ______________________
Phone # ______________________

II. Health Professions Interests

Please circle the health profession(s) you are interested in pursuing.

Athletic Training                              Physical Therapy
Chiropractic Medicine                         Physician Assistant
Dentistry                                    Podiatric Medicine
Medicine                                     Public Health
Nursing                                      Veterinary Medicine
Occupational Therapy                         
Optometry                                     
Pharmacy                                     Other?

III. Please return completed form to:

Kristi Waybright
Health Professions Advising Administrative Assistant
Master’s Hall Room 111
Campus Box 405