

Applicant Registration
SIUC Health Pre Professional Committee (Spring 2019) Interview
(Please print)

Name: _____

Student ID Number: _____

Major & Graduation Year: _____

Email: _____

Phone: _____

I am applying to: Medical School Osteopathic School Dental School
 Veterinary School Optometry School Other _____

*The Health Preprofessional Committee (HPC) may use my test scores and application outcome for statistical and advising purposes only, with the understanding that my privacy and the confidentiality of my scores will be maintained at all times.

(Circle one) Yes No

*Have you ever been under academic, social, or administrative violation at SIUC?

(Circle one) Yes No

*Have you ever been found responsible for an academic violation at SIUC?

(Circle one) Yes No

*I give the HPC permission to confidentially review all of my academic, student conduct and disciplinary records maintained by the Registrar and Dean of Students office.

(Circle one) Yes No

*I have these time blocks available in my spring schedule for interviewing: (Preferably a.m.)

Applicant's signature

Date