

REGISTRATION FOR CLARKSON HEALTH PROFESSIONS ADVISING

Name _____

Major _____

Class _____

Clarkson GPA _____

Health care experience (working with patients) _____

Community service activities _____

Campus extracurricular activities _____

Previous college (if any) _____

Major _____

GPA _____

Are you interested in (check all that apply)?

_____ Allopathic Medical School (most common)

_____ Osteopathic Medical School

_____ Podiatric Medical School

_____ Naturopathic Medical School

_____ Dental School

_____ Veterinary School

_____ Optometry School

_____ Pharmacy School

_____ Physician Assistant School

_____ Chiropractic School

Other _____

Comments: _____

Please return the completed form to Professor Craig Woodworth, Health Professions Advisor, Box 5805, Room 210 Science Center, Clarkson University.