

# Clark University Medical Careers Advising Program

## Basic Information

Please fill out this form if you **anticipate** pursuing a career in healthcare. You will then be added to our listserv so that you can receive notices of up-coming events and resources that should be of interest to you. This will also grant us access to your transcript so that we can better advise you as you progress towards achieving your career goals. We are here to help.

INTEREST: MEDICINE \_\_\_ DENTISTRY \_\_\_ OTHER (SPECIFY) \_\_\_\_\_

NAME (print) \_\_\_\_\_ CLARK MAILBOX NUMBER \_\_\_\_\_

\*CLARK STUDENT ID \_\_\_\_\_ \*\*AAMC (OR OTHER) ID \_\_\_\_\_

CLASS OF \_\_\_\_\_ \*\*\*MAJOR(S) \_\_\_\_\_

CLARK EMAIL \_\_\_\_\_ OTHER EMAIL \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

### MAILING ADDRESSES:

CAMPUS

HOME

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\*This is your Clark student ID number. We need it to request copies of your transcript. You may not yet know this number, but when you do, please forward it to us.

\*\*This is the ID number that will be assigned to you when you fill out an application to medical, dental, osteopathic, optometry, veterinary, or other health professional programs online. You will not know this number now, but when you do, please forward it to us.

\*\*\*You are required to choose a major by the end of your sophomore year. When you do this, please let us know.

*I hereby acknowledge that the Committee will request transcripts of my **academic and judicial** records at Clark. In addition, I **will ask other institutions** at which I have done college or graduate work to send transcripts to the Clark Premedical and Predental Advisory Committee.*

Date \_\_\_\_\_

\_\_\_\_\_  
signature of applicant