Clark University Prehealth 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 upcoming 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 _____

CLASS OF _____ *CLARK STUDENT ID _____

**MAJOR(S) _____ CLARK EMAIL _____

OTHER EMAIL_____ CELL PHONE NUMBER: (___)_____

MAILING ADDRESSES:

CAMPUS: HOME:

_____ _____

_____ _____

_____ _____

_____ _____

*This is your Clark student ID number. We need it to access your degree audit and request copies of your transcript. You may not yet know this number, 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 Prehealth Advising Program Office 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 Prehealth Advising Program Office.*

Date_____ _____

signature of applicant