



Office of Academic Services
 Newark College of Arts and Sciences
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 Rutgers, The State University of New Jersey
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FORM 1

**HEALTH PROFESSIONS FILE ENROLLMENT
 UNDERGRADUATE PRE-HEALTH PROGRAM**

Full Name (Print clearly): _____ NETID: _____

RUID: _____ Email Address: _____

Graduation Year: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: Cell: _____ Work: _____ Home: _____

I am currently a (check one): Full-time student (12 or more credits per term.)
 Part-time student (less than 12 or more credits per term.)

Major: _____ Current Overall GPA: _____ based on _____ credits

Academic Standing: Freshman Sophomore Junior Senior

I am preparing for the following career (check your choice):

- | | |
|---------------------------|----------------------------------|
| _____ Medical School | _____ Podiatric School |
| _____ Dental School | _____ Physician Assistant School |
| _____ Optometry School | _____ Veterinary School |
| _____ Chiropractic School | _____ Other: _____ |

- When do you plan to take the MCAT, DAT, OAT or GRE? _____
- Considering the entrance requirements for admission, when are you planning (tentatively) to be accepted to begin classes in the school checked above? Fall Semester of: _____
 Year _____
- Would you like to be placed on a mailing list and receive materials from the college and/or organizations providing services to assist in your career goals? Yes _____ No _____

I understand that the contents of my file are confidential. I waive my right of access to my Health Professions File.

Signature: _____ Date: _____