

Premedical Enrichment Program For Women Students

February 2, 2008
8:30 a.m. – 4:00 p.m.

Welcome to the University of Utah School of Medicine Premedical Enrichment Program for Women Students. This program is sponsored by the Office of Diversity and Community Outreach. Please fill out this registration form and mail it to the address below. Faxed and e-mailed registrations are welcome. (Please fax to 801-585-3300 or e-mail all information to melanie.hooten@hsc.utah.edu.) Once we have received your registration, you will be sent an e-mail confirmation and later, a schedule regarding the activities for the day.

Please return by January 30 to:
Office of Diversity & Community Outreach
30 North 1900 East 1C117, Salt Lake City, UT 84132
Phone: 587-7672 Fax: 585-3300

Personal Information

Please print CLEARLY

Name: _____

Address: _____

City, State, Zip: _____

Phone number(s): _____

Birth Date (month/day/year): _____

Education Level (circle one): Freshman Sophomore Junior Senior
 Bachelor's Master's Ph.D. Other

Major(s)/Degree(s): _____ College: _____

E-mail
address: _____

(you will receive a registration confirmation via e-mail)

How did you hear about the program? _____

The following section is optional.

Please circle the answer(s) that best describes your background.

1. Ethnicity:

- a. African American
- b. Asian American
- c. Caucasian/White
- d. Hispanic (please specify) _____
- e. Native American/Alaskan Native/Native Hawaiian (tribal affiliation) _____
- f. Pacific Islander (please specify) _____
- g. Other (please specify) _____

2. What is the primary language spoken in your home?

- a. English
- b. Spanish
- c. American Indian Language (please state) _____
- d. Asian Language (please state) _____
- e. Other language (please state) _____

3. What is the secondary language, if any, spoken in your home?

- a. English
- b. Spanish
- c. American Indian Language (please state) _____
- d. Asian Language (please state) _____
- e. Other language (please state) _____

4. What is the highest level of education completed by your mother?

- a. Completed high school
- b. Some college
- c. Completed college
- d. Post-graduate work (Master's, Doctoral, or Professional)
- e. Other (please state) _____

5. What is the highest level of education completed by your father?

- a. Completed high school
- b. Some college
- c. Completed college
- d. Post-graduate work (Master's, Doctoral, or Professional)
- e. Other (please state) _____

**For more information or questions
please contact:**

**Melanie Hooten, Administrative Program Coordinator
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University of Utah School of Medicine
30 North 1900 East, 1C117
Salt Lake City, UT 84132
Phone: (801) 587-7672
Fax: (801) 585-3300
Email: melanie.hooten@hsc.utah.edu**



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I understand that the School of Medicine is a non-profit professional organization and that the use of my name and likeness will be limited to educational, non-commercial purposes. No other oral or written representations or promises have been made to me.

I have read the foregoing and I fully understand the contents. This release will be binding upon me and my heirs, legal representative and assigns.

Date: _____

Name of Participant: _____

Signature of Participant: _____

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