

PREMEDICAL STUDENT REGISTRATION FORM
California State University, Fresno

Note: This form is used to open a premedical student file. Information requested is not distributed to medical schools. If you notify me when you are accepted into medical school, your file will be given to the scholarship office for consideration for any available scholarships for beginning medical students.

Name _____ Date _____

Address

Local _____ Phone _____

Home _____ Phone _____

Cell _____

Age _____ Class Standing _____ Major _____

Email _____ Student ID Number _____

Current GPA/Total Units _____ Basic Science GPA/Total Units _____

When expected to enter medical school _____

Universities, Colleges Attended (with dates)

Parents and Siblings

Names	Relationship	Age	Education	Occupation

Areas of Interest in the Health Professions _____

Extra-Curricular Activities and Hobbies _____

Relatives in the Health Professions (other than above) _____

When and why did you become interested in medicine? _____

Extracurricular activities related to health care delivery _____

Scholastic awards, honors, scholarships, etc. (Please describe how distinctive they are if known. e.g. 2 out of 100 candidates were selected) _____

Participation in research (Where and for whom did you work, approximate dates with time commitment)

Comments (Please amplify on any of the above, and mention anything you feel is unique about you.)
