SCMH 3890 Enrollment Request Form

Name: __________________________________________________

Student ID #: 902_____________

Email Address: ______________________________________________

Phone Number: ______________

Term Desired: ______________

Jr. Status or Above (Y/N): _____

Medical D member (Y/N): _____

Have Completed Organic Chemistry and Physics Courses (Y/N): _____

Attached Proof of Three Hepatitis B Shots (Y/N): ______

Attached Proof of Negative TB Skin Test Checked on or after May 5 (Y/N): ______

GPA 3.5 or Above (Y/N): ______

Dean’s Verification of GPA: ____________________________________