

HEALTH PREPROFESSIONS ADVISEMENT COMMITTEE

INTENT TO APPLY FOR COMMITTEE INTERVIEW

DAWG TAG					
MAJOR		CUMULA	ΓΙVE GPA		
AM A (CHECK ONE):	JUNIOR	SENIOR	ALUMNUS		
GRADUATION MONTH AND Y	EAR:				
AM (CHECK ONE): PRE-M	ИEDICAL	PRE-DENTAL	PRE-OPTOMETRY	PRE-VETERIN	IARY
HAVE TAKEN (NUMBI	ER) FULL-LEN	IGTH PRACTICE E	EXAMS		
MCAT I		DAT OAT		GRE	
o qualify for a Committee In	terview. a ne	ew applicant mu	st meet the following	requirements:	
December 15: Dea January 21: Deadli February 1: Deadli materials to t	ner university ecure at least rant permissi lication statu neet all paper dline for subrine for submine for particithe Health Pr	or college. It two letters of recommendates It two letters of recommendates It two letters of recommendates It two letters of the Interestion of the Interestion of supporting a prelicular of the Interestion of the Interestion of Supporting a prelicular of the Interestical Interestic	ecommendation from Professions Advisor (elevant testing/applicates) tent to Apply form. IPPA Committee Intersing letters of recomm minary interview and or.	science faculty (HPA) to view thation services. view application endation. submission of s	at SIU. neir entrance n packet.
•	A. Have you ever been under investigation or found the SIU Student Conduct Code?			tion of YES	NO
B. Do you consent to the	B. Do you consent to the release of your Disciplinary			? YES	NO
C. Have you ever been a	arrested or co	onvicted of a felo	ony or misdemeanor?	YES	NO
f yes to either A or C above, uch a finding does not neces ase-by-case basis.	sarily preclud	de you from reco	eiving a Committee let	tter. Decisions a	
I agre	ee that i nave	met and agree	to all eligibility require		
I agre Signature: Typed Name is considered valid sign				te	

SIU

HEALTH PREPROFESSIONS ADVISEMENT COMMITTEE

Please list any Conduct Code violations here. Please indicate your compliance with any sanctions.
Please list any arrests or civil or criminal judgments against you (misdemeanor or felony).
All Committee documents, including Letter of Intent form, application, and letters of recommendation should be submitted by the assigned deadline to:
health-professions@cos.siu.edu
When submitting any Committee communication, please use the following naming protocol in the subject line of your email:
Yourlastname_yourfirstnameform_cycle
where form is the title of the document you are submitting, and year is the cycle for which you are submitting . If you are not submitting a form, just leave that portion of the protocol out.
Please use these as the form being submitted LetterofIntent LetterofRecommendation
Committeeapplication practice OAT)
For Office Use Only. Received