

Premedical and Health Professions Advising  
Registration Form

Name (Print): \_\_\_\_\_ Date today \_\_\_\_\_

RIT Email: \_\_\_\_\_

Other Email: \_\_\_\_\_

Cell Phone: (for urgent use only) \_\_\_\_\_

Preferred means for contacting you: \_\_\_\_\_

Your current academic program \_\_\_\_\_

Your current year of study \_\_\_\_\_

Your anticipated graduation date \_\_\_\_\_

The year you intend to start your medical education \_\_\_\_\_

Health Profession Interest: \_\_\_\_\_

Briefly describe your health professions experiences (e.g. shadowing, volunteer, patient, high school programs, community service)