***This application and a resume should be submitted to The Career Center’s Front Desk***

**APPLICATION FORM**

**For Fall 2014 Health Professions Certificate Program**

***by September 8, 2014, 5pm!***

**1. Applicant Information**

|  |  |
| --- | --- |
| Name |  |
| UIN (9 digit Number, example: 665100100) |  |
| Illinois Email (example: [pickler1@illinois.edu](mailto:pickler1@illinois.edu)) |  |
| Department/Major |  |
| Class Standing (choose: Freshman, Sophomore, Junior, Senior) |  |
| What health profession are you pursuing? (Medicine, Dentistry, Optometry, Physical Therapy, Occupational Therapy, Nursing, Veterinary Medicine, etc.) |  |
| Are you a transfer student? (Optional) |  |
| Cell Phone (Optional) |  |

**2. What motivates you to pursue a health profession (Medicine, Dentistry, Optometry, Physical Therapy, Occupational Therapy, Nursing, Veterinary Medicine, etc.)?** Please write in 150-200 words.

**3. Please describe a recent experience/action (coursework, volunteering, job/internship, research, registered student organization) that you completed. How did that experience/action help you become a competitive applicant for health professional programs?** Please write in 250-500 words. If you are currently not doing any activities, that is okay. Please share something that you hope to do.

**Student Name (print):**

**Student Signature: Date:**