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.

Address Local	Name				Date	
HomePhone	Address Local				Phone	
Age Class Standing Major Student ID Number Student ID Number Basic Science GPA/Total Units Basic Science GPA/Total Units 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						
Age Class Standing Major Student ID Number Student ID Number Basic Science GPA/Total Units Basic Science GPA/Total Units Universities, Colleges Attended (with dates) Parents and Siblings Names	Home	·				
Current GPA/Total Units Basic Science GPA/Total Units When expected to enter medical school Universities, Colleges Attended (with dates) Parents and Siblings Names	Age	Class Standing		Ma		
When expected to enter medical school	Email			_ Student ID	Number	
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	Current GPA/Total Units			Basic Science GPA/Total Units		
Parents and Siblings Names Relationship Age Education Occupation Areas of Interest in the Health Professions Extra-Curricular Activities and Hobbies	When expect	ted to enter medical :	school			
Names Relationship Age Education Occupation Areas of Interest in the Health Professions Extra-Curricular Activities and Hobbies	Universities,	Colleges Attended (v	with dates)		
Names Relationship Age Education Occupation Areas of Interest in the Health Professions Extra-Curricular Activities and Hobbies						
Areas of Interest in the Health Professions			Age	l E	Education	Occupation
Extra-Curricular Activities and Hobbies		·				,
Extra-Curricular Activities and Hobbies						
Extra-Curricular Activities and Hobbies						
Extra-Curricular Activities and Hobbies						
	Areas of Inte	rest in the Health Pro	ofessions _.			
Relatives in the Health Professions (other than above)	Extra-Curricu	ılar Activities and Ho	bbies			
Relatives in the Health Professions (other than above)						
Traidines in the Health Floressions (other than above)	Pelativos in t	he Health Profession	ne (other ti	han abovo)		
	veialives III l	ne nealli Fiolessioi	is (Ulliel li	iiaii abuve) _		

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.)