

Health Career Club Registration Form

Name: First	Middle Initial	Last
Street Address	City	Zip Code
Home Phone ()	Cell or Alternate Phone ()	Email Address

Please list your major: _____

(Please Circle)

Have you applied for a Health Career Program? **YES** **NO**
 If no, when will you be applying? _____

Have you been accepted into a Health Career Program? **YES** **NO**
 If yes, which program? _____

Do you have plans of transferring to a University? **YES** **NO**
 If so, which University have you chosen? _____
 What is your target date to transfer? _____
 What will be your course of study? _____

Please indicate your perceived needs: (check all that apply)

Improved Study Skills _____	Note Taking Skills _____
Private Tutoring _____	Study Groups _____
Financial Assistance _____	Individual Assistance/Support _____
Other _____	

Would you prefer to meet on Wednesdays at 11:30am or evenings? If you prefer an evening, is there a day of week that is better for you?

What is your target date for graduation? _____

What is your career goal after graduating?

Please indicate what your employment interest is upon graduation? Rural vs. Urban
 (i.e. Hospital, Clinic, Teaching, etc...) (Please circle one)

Please list topics you are interested in hearing more about.

Please briefly describe what your short term goals are for the Spring Semester?

Please briefly describe what your long term goals are?

Thank you and welcome to the Health Career Club!