

PRE-PROFESSIONAL STUDENT INFORMATION

This form is used to register with the Pre-Professional Advisory Committee of Bloomsburg University or to update your registration information.

Name:

Local Address:

Preferred Phone:

Preferred E-Mail:

Major:

Minors:

Faculty Advisor:

Circle Year: Freshman Sophomore Junior Senior

Profession of Interest (check all that apply):

Allopathic Physician (M.D.)

Osteopathic Physician (D.O.)

Chiropractor

Dentist

Optometrist

Podiatrist

Veterinarian

Other (please specify)

Please mail to:

Dr. Joseph P. Ardizzi

Co-Chair, Pre-professional Advisory Committee

Department of Biological and Allied Health Sciences

Bloomsburg University of Pennsylvania

400 E. Second Street

Bloomsburg, Pa 17815-1301