

Northern Arizona University
BIOMEDICAL PROFESSIONS 2007 REGISTRATION-

Name *Last* *First* Phone

Address *Street* *City* *State* Zip

E-Mail Address SS#

DOB Gender M F Ethnicity Arizona resident? Y N

PROFESSIONAL GOAL: (check all that apply)

Medicine Dentistry Osteopathy Optometry Podiatry Veterinary P.A.

Major Grad Degree (if any)

Graduation Date Reapplicant : Y N

Scholarships, awards, honors:

Organizations and activities:

Clinical experience (include hours/week):

Hobbies, interests:

WAIVER OF RIGHT OF ACCESS: I hereby voluntarily waive any right of access to my confidential committee evaluation and individual letters of evaluation.

Signed _____ Date _____

I DO NOT WAIVE my right of access to my committee evaluation or to individual letters of evaluation.

Signed _____ Date _____

I authorize the Office of Biomedical Professions to transmit such information and letters of recommendation in support of my applications to professional schools. I release Northern Arizona University and its individual staff members from civil liability for any damages sustained by me by reason of their respective functions and services in fulfillment of this request.

Signed _____ Date _____

I give permission to the Office of Biomedical Professions to use my name and/or photograph to promote the Biomedical Professions Program at NAU.

Signed _____ Date _____