

College Tracking Form

PERSONAL INFORMATION					
NAME:					
PERMANENT ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CURRENT ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PERMANENT PHONE:		CURRENT PHONE:		CELL PHONE:	
EMAIL ADDRESS:					
HIGH SCHOOL INFORMATION					
HIGH SCHOOL ATTENDED:				GRADUATION YEAR:	
UNDERGRADUATE INFORMATION					
COLLEGE / UNIVERSITY:					
CITY, STATE:				GRADUATION YEAR:	
MAJOR:		MINOR:		DEGREE AWARDED / TBA:	
ARE YOU INTERESTED IN A CAREER IN HEALTH CARE? YES ___ NO ___					
I PLAN TO APPLY TO: ___ I HAVE ALREADY APPLIED TO: ___ I HAVE ALREADY BEEN ACCEPTED TO: ___ (CIRCLE BELOW)					
MEDICAL SCHOOL	DENTAL SCHOOL	NURSING SCHOOL	VET SCHOOL	ALLIED HEALTH PROGRAM	OTHER:
GRADUATE INFORMATION					
GRADUATE / PROFESSIONAL SCHOOL:					
CITY, STATE:				GRADUATION YEAR:	
FIELD OF STUDY:					
DEGREE AWARDED / TBA:					
ARE YOU CURRENTLY WORKING? YES ___ NO ___ IF YES, WHERE?					
OTHER INFORMATION					
DO YOU WISH TO RECEIVE THE NEWSLETTER? YES ___ NO ___			IF YES, TO WHICH ADDRESS? CURRENT ___ PERMANENT ___		
CAN WE SHARE YOUR EMAIL ADDRESS WITH OTHER MEDED STUDENTS PURSUING YOUR MAJOR / CAREER? YES ___ NO ___					
WOULD YOU LIKE TO RECEIVE AN INVITATION TO THE ANNUAL MEDED REUNION? YES ___ NO ___					
DO YOU PLAN TO RETURN TO SOUTH TEXAS AS A HEALTH CARE PROFESSIONAL? Yes ___ No ___ Undecided ___					
COMMENTS, QUESTIONS, SUGGESTIONS:					