

Workshop Registration Form – Fall

Name: _____
(Last) (First)

UF ID: _____ - _____ Area of Pre-health: _____
(Medicine, Dentistry, Optometry, Pharmacy, P.A., etc.)

Email Address: _____

I wish to attend the workshop indicated below: Check **ONLY** one option.

- Introduction to Pre-Health Preparation Workshop
- Volunteer/Research Workshop
- Health Professions Workshop for Transfer Students
- Pre-Health Preparation for Second Year Students Workshop
- Junior Honors Medical Program Information Workshop
- Summer Medical and Dental Education Program Information Session (SMDEP)
- MD-PhD Information Session
- Personal Statement Workshop
- Letter of Recommendation Workshop
- Interview Basics Workshop (For all health professions areas)
- Interview Demonstration Workshop (For all health professions areas)
- Medical School Interview Workshop
- Dental School Interview Workshop
- Other: _____

Please **WRITE** in the **DATE** and **TIME** of your selected Workshop below:

Refer to <http://www.advising.ufl.edu/ohlpa/prehealth/workshops.html> for dates and times or the pre-health listserv posting sent to your e-mail account.

Submit this registration form to the Office of Health and Legal Professions Office, Room 204, of the Academic Advising Center in Farrior Hall at least one business day before the day of the workshop you plan to attend. You may place this form in the Workshop Binder, which is on the rolling cart next to cubicle 204.

By submitting this registration form you are indicating that you will be attending the workshop. In the event cannot attend the workshop, you must notify this office at least one day in advance, so that other students will have the opportunity to register.

These workshops will be videotaped for those who are unable to attend. The videos will be made available through the Office of Health and Legal Professions Advising, Room 204.