

**JOIN THE STUDENT HEALTH PROFESSION NETWORK  
REGISTRATION FORM**

*Complete form and submit to HPAC Administrative Assistant, Ellen Grandy, by e-mail to [egrandy@skidmore.edu](mailto:egrandy@skidmore.edu), or drop off to CIS 270D.*

**Name** \_\_\_\_\_ **Class** \_\_\_\_\_

**Skidmore E-mail** \_\_\_\_\_

**Skidmore Student ID** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Intended or Declared Major** \_\_\_\_\_

**Academic Advisor** \_\_\_\_\_

**Summer Advisor (freshman only)** \_\_\_\_\_

**I am interested in the following health profession(s): (check all that apply)**

\_\_\_\_\_ **Dentistry**                      \_\_\_\_\_ **Osteopathic Medicine**                      \_\_\_\_\_ **Public Health**

\_\_\_\_\_ **Medicine**                      \_\_\_\_\_ **Physical Therapy**                      \_\_\_\_\_ **Veterinary Medicine**

\_\_\_\_\_ **Nursing**                      \_\_\_\_\_ **Physician Assistant**

\_\_\_\_\_ **Other (Please Specify)** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Note:** Once you have submitted this form to the HPAC administrative assistant, your name will be added to the HPAC e-mail list and you will be assigned an HPAC advisor. If you decide at any point you are no longer following a health professions track, please notify the HPAC administrative assistant, Ellen Grandy, at [egrandy@skidmore.edu](mailto:egrandy@skidmore.edu). Your name will then be removed from the e-mail list.