



APPLICATION TO OPEN AN HPLFS FILE

(Please return to Hensill-Hall Room 219) This completed form is required to open a letter-forwarding file with HPLFS.

Name: Last First Middle

SFSU ID# Ever taken a class at SFSU?

Phones: (home) (work) (cell)

E-mail:

Address (street)

Address (city) zip

D.O.B. Age Gender Ethnicity (Optional)

Person Who Will Always Be Able To Contact You. Name:

Relationship Phone: E-Mail:

Current Student Status

Undergrad, Informal Post-Bac (2nd-Bac), Formal Post-Bac, Classified Grad Student, Unclassified Grad Student, Graduated

Major(s) Minor

Estimated GPA at SFSU: Overall based on units as of Date

Science based on units as of Date Bio, Chem, Phys & Math

Intend to Earn an SFSU Degree? If Yes, What Degree? When? BA, BS, MA, MS Date

Have You Earned an SFSU Degree? If Yes, What Degree? When? BA, BS, MA, MS Date

List Other College Degrees, Schools Attended, GPA's and Dates

Health Profession You Are Interested In?

Alternative Career Choice?

Test Scores (MCAT, DAT, OAT, GRE, etc.)

Name of Test Date taken or expected to be taken?

Test Scores

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Test Scores