Faculty Committee on Health Professions, Academic & Pre-Professional Advising Center
Melville Library, Room E 2360
Stony Brook, New York, 11794-3353
Tel: 631-632-7082 Fax: 631-632-6997
Web: http://www.sunysb.edu/healthed
Email: prehealth@notes.cc.sunysb.edu

INTENT TO APPLY FORM

(For students who wish to enter a graduate school of the health professions in the fall of 2010)

LAST NAME: _____

FIRST NAME: _____

STONY BROOK ID #: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING: I AM . . .

☐	**A CURRENT UNDERGRADUATE STUDENT**
☐	**A GRADUATE OF STONY BROOK**
☐	**A CURRENT POSTBACCALAUREATE STUDENT**

WHICH HEALTH PROFESSIONS/PROGRAMS ARE YOU INTERESTED IN? (PLEASE CHECK ALL THAT APPLY.)

☐	**Allopathic Medicine (MD)**	☐	**Osteopathic Medicine (DO)**
☐	**Dentistry**	☐	**Podiatry**
☐	**Foreign Medicine**	☐	**Postbacc' Enrichment Program**
☐	**MD/PhD dual degree**	☐	**Veterinary Medicine**
☐	**Optometry**	☐	**Military or Community Service Scholarship**

Please list all colleges and universities which you have attended in this table

Thank you for emailing your form to prehealth@notes.cc.sunysb.edu! (click here)