

WAYNE STATE UNIVERSITY-OAKLAND UNIVERSITY

HealthPro Start Application

Please refer to the Health Pro Start materials for other submissions that must accompany this application.

Please type all information.

Last Name	First Name	Middle Name	Suffix
Permanent Address-Street	City	State	Zip
Year of Graduation	Date of Birth	Telephone	
Email		Counselor Name	
High School Name, City, State, Zip		Counselor Telephone	
ACT Scores- Give <u>Total</u> and Sub scores		GPA	Class Rank
Do you consider yourself disadvantaged due to economic, cultural, or educational background or family circumstances? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:			
Parent/Guardian			
PLEASE USE EXTRA PAGES TO RECORD YOUR INFORMATION IF NECESSARY.			
Honors received while in high school (including honorary societies)			
Extracurricular, community, and vocational activities			
Employment during school years (List type of work and approximate hours per week):			
How have you spent your summers during your high school years?			

Return your application by the postmark deadline of January 15, 2007 to:
 Oakland University
 School of Health Sciences Advising
 Rochester, MI 48309