Attention Students!
Let us help plan your future!
Complete and return this form today!

Today's Date & Location: _____

Name: _____
Last First MI

Parent's Names: _____

Home Address: _____
Number/Street or PO Box

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____)_____

Date of Birth: _____

Gender: Male ___ Female ___ Race/Ethnicity _____

Grade Level: Fr ___ So ___ Jr ___ Sr ___ College ___ Vo-Tech ___

Name of School: _____ Graduation Date: _____
Year

Which health profession/career would you like to explore?

1. _____
2. _____
3. _____

Please check activities you would be interested participating in:

__ Hospital Tour
__ Career Counseling
__ Visit health professional schools
__ Science Camp
__ Field Trip (Health Science Center, OSBI lab)
__ Volunteer for community based program
__ Job Shadowing

Return to:

Cameron University
SwAHEC
2800 W. Gore Blvd
Lawton, OK 73505

Fax: 580-581-2590
email: byoung@cameron.edu
Call: Beth at 580-581-2281