

MEDPREP Acceptance Form

This form must be returned to the MEDPREP Admissions Office no later than the date specified in your acceptance letter, or your acceptance to MEDPREP will be forfeited. Early notification would very much be appreciated.

I. Acceptance & Program Options

ENTERING MEDPREP

___ I accept the invitation and plan to enter MEDPREP this summer. I understand that, in evaluating the effectiveness of the program, MEDPREP may desire to follow my progress subsequent to my withdrawal from the program; I give permission for MEDPREP to obtain information concerning my future progress. If my plans to enter MEDPREP change, I will immediately notify MEDPREP Admission via email at tstevens@siumed.edu, or call (618) 453-1554.

Career Track: ___ Medical ___ Dental ___ Physician Assistant

Select one program option: ___ Traditional MEDPREP Program
 ___ Masters of Biological Sciences – MEDPREP (MBS)
 ___ Masters Curriculum and Instruction – MEDPREP (CI)

*MBS and CI program choices are subject to approval. Please review the program pages on the MEDPREP webpage (www.siumed.edu/medprep) for eligibility requirements and pros-and-cons.

DECLINING INVITATION:

___ I do not plan to enroll in MEDPREP.
Reason (optional) _____

II. Contact Information

Note: if your contact information changes at a later date, please notify the MEDPREP Admissions office.

Name: _____

Home City and State: _____

Undergraduate College/University: _____

Undergraduate Degree (BA or BS): ___ BA ___ BS Year obtained: _____

Major: _____

Cell Phone: _____

Email: _____

SIGNATURE: _____ Date: _____

III. Return the form

After printing, completing, and signing this form, you may return it by:

E-mail: tstevens@siumed.edu OR Fax: (618) 453-1919