# SHPC logo.pngME_logo_final.pngMedical Experience Program

### *Spring 2013 Application*

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| Applicant Information |
| Last Name |  | First |  | M.I. |  | Date |  |
| Campus Mailbox # |  | Cell Phone # |  |
| E-mail Address |  | Cumulative GPA |
| What is your Spring 2013 semester status?(Place an ‘x’ in the appropriate box.) |  [ /4] or [ /5] |  | Are you on Co-Op Spring 2013 semester? | YES [] | NO [] |
| What is your major? | Chemistry [] | Chemical Biology [] | Biomedical Engineering [] |  |
| Have you ever applied for this program? | YES [] | NO [] | If so, when? |  |
| Are you certified as a volunteer at Hoboken University Medical Center? | YES [] | NO [] | **If not, you MUST attend the orientation at Hoboken University MC** |  |
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| Extracurricular information |
| On Campus Activities *(Please be brief.)* |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
| Off Campus Activities *(Please be brief.)* |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
| Employment *(Please be brief.)* |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
| From |  | To |  | Title |  | Description |  |
|  |
| Medical interests |
| Please briefly describe why you are interested in medicine. |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.Please save this application as “Last Name\_First Name\_SHPC\_MEP\_APP2013.docx” and email it to meprogram@gmail.com. |
| Electronic Signature |  | Date |  |