

# CERTIFICATE IN HEALTH CARE PROFESSIONS FALL 2008 APPLICATION

*Please complete all the information requested on the application and submit it by  
August 12, 2008 to:*

Office of Pre-Health Advising  
School of Arts and Sciences  
Hunter College - CUNY  
695 Park Avenue, 812 East  
New York, NY 10065

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Last Name \_\_\_\_\_ Prior Name(s) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year Male Female

Address (Number & Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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## PROGRAM SELECTION

(Circle one)

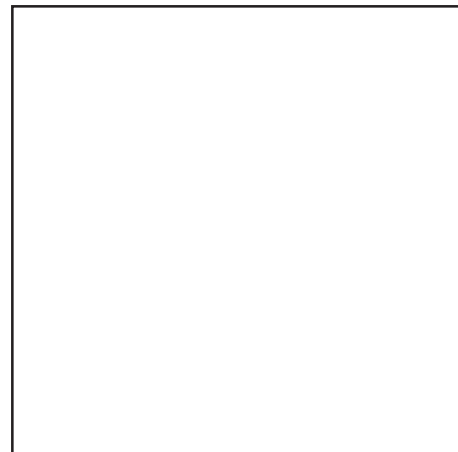
### PBSPT

(For students who have little or no science preparation)

### PBSET

(For students interested in enhancing their science  
GPA)

## ATTACH PASSPORT PHOTO HERE:



**WHICH COURSES DO YOU ANTICIPATE YOU WILL NEED AT HUNTER?**

(Please check all that apply)

\_\_\_Biology I and II (Biology 100 and 102)

\_\_\_Chemistry I and II and Lab (Chem 102, 104 and 106 Lab)

\_\_\_Organic Chemistry I and II and labs (Chem 222/224 and 223/225 Labs)

\_\_\_ Physics I and II (110 and 120 or 111 and 121)

\_\_\_Biochemistry (Bio 300 or Chem 376)

\_\_\_English

\_\_\_Math (calculus and/or statistics)

\_\_\_Upper division biology courses (genetics, immunology, neurobiology, etc.)

Do you work full-time? Yes\_\_\_\_\_ No\_\_\_\_\_ Part-time? Yes\_\_\_\_\_ No\_\_\_\_\_

LANGUAGES SPOKEN:\_\_\_\_\_

**Service:**

I agree to the fourteen hour per semester service commitment that is required of program participants and I understand that this is a mandatory obligation for each semester of attendance at Hunter.

Signature:\_\_\_\_\_

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I, \_\_\_\_\_, wish to be accepted into the Certificate Program in Health Care Professions for the Fall 2008 semester.

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the Office of Admissions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date