



Wilkes University

Center for Health Sciences and Student Success

Health Sciences Declaration Form

This completed form must be on file in the Center for Health Sciences and Student Success to support your pre-health program candidacy in the area of interest. The Center for Health Sciences and Student Success can provide information about professional school admissions requirements. Your academic advisor should provide guidance for course selection and registration.

Name _____ WIN# _____

email@wilkes _____ Phone _____

Campus Address _____

Home Address _____

Year of Graduation: _____ Year of Professional School Application (year prior to graduation): _____

Class Standing: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Academic Major: _____ Advisor: _____

I am pursuing candidacy in the following Health Sciences area(s) of Interest:

_____ Pre-Medical Scholars Program: PSU-Hershey & Guthrie Healthcare System

_____ Clinical Scholars Program: Guthrie Healthcare System

Doctoral Programs

_____ Allopathic Medicine _____ Osteopathic Medicine _____ Podiatric Medicine

_____ Veterinary Medicine _____ Chiropractic Medicine _____ Dentistry

_____ Optometry _____ Dentistry 3+4 _____ Osteopathic 3+4

_____ Optometry 3+4 _____ Other (explain) _____

Allied Health Programs

_____ Physical Therapy _____ Physician Assistant _____ Occupational Therapy

_____ Medical Lab Sciences 3+1 _____ Other (explain) _____

Permission to Access Transcripts _____ (please initial)

Student Signature _____ Date _____