University of Michigan-Dearborn DECLARATION OF PRE-PROFESSIONAL ATTRIBUTE FORM

This form may be used to declare a pre-professional attribute. These pre-professional attributes will not be posted on your transcript and do not represent formal academic programs, however they will make it possible for us to identify students who plan to pursue careers in designated areas. This information will be used for advising purposes only so that faculty and staff can provide you with information and resources that may be of interest to you.

Return completed form to your unit A	dvising/Records office:	CASL 1039 CB	CECS 2000 HPEC	COB 168 FCS	SOE 262 FCS
This section to be completed by th	e student:				
NAME			UMID NUI	MBER	
ADDRESS					
		CELL PHONE			
City	State	Zip			
MAJOR	UM-DE	ARBORN EM	AIL		
I wish to add/declare the follo	wing pre-professio	nal attribute	(Please select	only one):	
Pre-Dentistry (PDEN) Pre-Law (PLAW) Pre-Medicine (PMED) Pre-Optometry (POPT)		Pre-Pharmacy (PPRM) Pre-Physical Therapy (PPT) Pre-Physician Assistant (PPA) Pre-Veterinary (PVET)			
I wish to delete the following J	ore-professional at	tribute:			
Pre-Dentistry (PDEN) Pre-Law (PLAW) Pre-Medicine (PMED) Pre-Optometry (POPT)		(PPRM) Therapy (PPT) Assistant (PPA y (PVET))		
Student Signature					
This section to be completed by Re					
Please add:					
Please delete:					
Signature (College or School)			Date		
Signature (Registration & Records		Date			