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 Advising/Records office:	CASL	CECS	COB	SOE
	1039 CB	2000 HPEC	168 FCS	262 FCS

This section to be completed by the student:

NAME _____ UMID NUMBER _____

ADDRESS _____ HOME PHONE _____

_____ CELL PHONE _____

City State Zip

MAJOR_____ UM-DEARBORN EMAIL_____

I wish to add/declare the following pre-professional attribute *(Please select only one)***:**

Pre-Dentistry (PDEN)	_____	Pre-Pharmacy (PPRM)	_____
Pre-Law (PLAW)	_____	Pre-Physical Therapy (PPT)	_____
Pre-Medicine (PMED)	_____	Pre-Physician Assistant (PPA)	_____
Pre-Optometry (POPT)	_____	Pre-Veterinary (PVET)	_____

I wish to delete the following pre-professional attribute:

Pre-Dentistry (PDEN)	_____	Pre-Pharmacy (PPRM)	_____
Pre-Law (PLAW)	_____	Pre-Physical Therapy (PPT)	_____
Pre-Medicine (PMED)	_____	Pre-Physician Assistant (PPA)	_____
Pre-Optometry (POPT)	_____	Pre-Veterinary (PVET)	_____

_____ _____

Student Signature Date

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