

Health Professions Recruitment & Exposure Program (HPREP) Application for 2007

The University of Texas Southwestern Medical Center
Office of Minority Student Affairs

Greta Epps, HPREP Coordinator
5323 Harry Hines Blvd ~ Dallas, TX 75390-9006
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E-Mail: greta.epps@utsouthwestern.edu URL : <http://www.utsouthwestern.edu/hprep>

Application Instructions:

1. **This application has four parts**
2. You may complete Parts 1, 2 & 3 of application by either:
 - a. Working on application while on the computer, typing in your responses & then printing completed application, or
 - b. Printing blank application and writing or typing in your responses
3. On Part 4 of Application:
 - a. Print out the blank form
 - b. Fill in the section that reads "To Be Completed by the Applicant"
 - c. Next provide Part 4 to a teacher or counselor who will complete the evaluation
 - d. Your teacher or counselor should mail or FAX Part 4, separate from Parts 1-3, to the address below
4. **Mail or FAX Parts 1-3 to:**

UT Southwestern Medical School
Office of Student Affairs
Attention: Greta Epps
5323 Harry Hines Blvd.
Dallas, TX 75390-9006

FAX: 214-648-7517

Applications must be received by October 31, 2006
PART 1

Student Name (Last, First, M.I.)	
School	
Home School (if different than above)	
Grade	
Student School ID Number	
Birth Date (month/date/year)	
Gender (male /female)	
Home Street Address:	
City / State / Zip	
Home Phone Number	
Email Address	
Emergency Contact Person	
Emergency Contact Telephone	
Parent / Guardian Name (Please Print)	
Parent / Guardian Street Address	
City, State, Zip	
Parent / Guardian Telephone Number	
Parent or Guardian Signature	
Student Signature	

PART 3

HPREP REQUIREMENTS

- 1) On the first day of HPREP, students will be given a mock college application. This application must be completely filled out including a 2-paragraph personal statement, by noon on January 28. HPREP students will be instructed on the completion of the application and personal statement by their small group leaders. Students will be given time to work on the application during the HPREP sessions, but working at home will probably be necessary for successful completion of the application by the due date.
- 2) Attendance each week is required. Students must sign in every Saturday. A student who misses more than two sessions will not be eligible for a certificate of completion or a program T-shirt.
- 3) At the completion of the program, students must complete the HPREP Post-Program Evaluation". This evaluation form will be provided by HPREP.

HPREP AGREEMENT

Student Name	
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A student who misses more than two sessions or who does not hand in the completed mock college application, with personal statement, will not be eligible for the certificate, or any other items acknowledging participation in the program. Students will receive a certificate commending them on participating and completing the program, as well as a program T-shirt.

SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE

I have read and understand the requirements for successful completion of the Health Professions Recruitment and Exposure Program.

Student Signature of Acknowledgement: _____

UT Southwestern Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information UT Southwestern collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under section 559.004 of the Texas Government Code, you are entitled to have UT Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas Business Procedures Memorandum 32. The information that UT Southwestern collects will be retained and maintained as required by Texas records retention laws (section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

PART 4 HPREP RECOMMENDATION

Student Name:	
To Be Completed by the Applicant	
<p>This applicant is applying for admission to the Health Professions Recruitment and Exposure Program at UT Southwestern Medical School. The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974). Please check the following:</p>	
<input type="checkbox"/> I waive my right of access to this evaluation <input type="checkbox"/> I <u>do not</u> waive my right of access to this evaluation	
Student Signature: _____	

To Be Completed by the Teacher or Counselor

Teacher or Counselor Name	
School	
Business Address	
City / State / Zip	
Contact Number	
Fax Number	
Email Address	

1. Approximately how long and in what context have you known this applicant?					
2. In which course(s) have you had the applicant as a student?					
3. How well do you know the applicant? (Mark [X] one)	Very Well	Fairly Well	Minimally	Unknown	
	[]	[]	[]		
4. Please rate (X) the applicant in comparison with other students in the following categories:	Excellent	Very Good	Average	Below Average	Unable to Assess
Intellectual Capability					
Motivation / Initiative					
Dependability					
Emotional Maturity					
Oral Communication					
Written Communication					
Analytical Ability					
Leadership Potential					
Interest in Science					
5. Recommendation for acceptance to HPREP (Mark [X] one):	Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend	
	[]	[]	[]		
SIGNATURE (Required): _____			DATE: _____		

Teacher or Counselor Please Mail or FAX to: UT Southwestern Medical School
 Office of Student Affairs
 Attention: Greta Epps
 5323 Harry Hines Blvd.
 Dallas, TX 75390-9006
 FAX: 214-648-7517

**Please Do Not
Return Form to
Student for
Mailing or Faxing**