

Undergraduate Premedical Registration Form

Name _____ Date _____
Last First Middle Initial

Student ID # _____ Expected Graduation Date _____

School: CMC _____ PIT _____ SCR _____ Major: _____

Current Address _____
Campus Box Number

Permanent Address

_____ Street Address

_____ City

_____ State Zip Code Country (if not US)

Campus Extension _____ Permanent Phone (_____) _____ - _____

Email Address _____

Prospective Field _____

Prospective Year of Application _____

*Please complete form and save to your computer as a pdf file, and then email as an attachment to Veronica Scott at vscott@jsd.claremont.edu.