

URG/RGCC Student ID: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Declared Major (select one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Applied Healthcare Administration | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Industrial Technology | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> IT: Network Systems | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Wildlife Conservation |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Medical Coding & Billing | |

Current Academic Level: Freshman Sophomore Junior Senior

Current GPA (provide high school or transfer GPA if applicable): _____

ACT Composite (if applicable): _____ **Science Subscore:** _____ **Math Subscore:** _____

Enrolled in URG/RGCC Honor's Program: Yes No

Briefly describe any extra-curricular activities, awards, honors, or special recognitions:

Briefly describe your educational and career goals: