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

Last Name: _____ First Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Declared Major (select one):

☐ Allied Health

☐ Applied Healthcare Administration

☐ Biochemistry

☐ Biology

☐ Chemistry

☐ Computer Science

☐ Diagnostic Medical Sonography

☐ Environmental Science

☐ Healthcare Administration

☐ Industrial Technology

☐ IT: Network Systems

☐ Mathematics

☐ Medical Coding & Billing

☐ Nursing

☐ Radiologic Technology

☐ Respiratory Therapy

☐ Welding

☐ Wildlife Conservation

Current Academic Level: HS Senior/Incoming Freshman   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: