

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Request for Health Career Information

Indicate materials you wish to receive regarding other academic programs offered at The University of Oklahoma Health Sciences Center:

Undergraduate:

- | | | |
|---|---|--|
| <input type="checkbox"/> Communication Sciences Disorders | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Nursing | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Nutritional Sciences | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Sonography |
| | <input type="checkbox"/> Physical Therapy | |

Professional:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Physician Associate |

Name: _____

Address: _____

Telephone: () _____ Male Female

- | | | | |
|-----------------|---|---|---------------------------------|
| Present Status: | <input type="checkbox"/> High School Senior | <input type="checkbox"/> High School Counselor | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> College Freshman | <input type="checkbox"/> College Counselor | |
| | <input type="checkbox"/> College Sophomore | <input type="checkbox"/> High School Instructor | |
| | <input type="checkbox"/> College Junior | <input type="checkbox"/> College Instructor | |
| | <input type="checkbox"/> College Senior | <input type="checkbox"/> Health Professional | |

FAX TO:

Headlands Program
(405) 271-2254

MAIL TO:

Headlands Program
BSEB - Room 200
P.O. Box 26901
Oklahoma City, OK 73190

For more information call (405) 271-2250