

HEADLANDS INDIAN HEALTH CAREERS SUMMER PROGRAM

Request for Application Materials and/or Health Career Information

(If you need more than one, please indicate the quantity desired.)

G Participant Application (High School Seniors or College Freshmen) Quantity: _____

G Counselor Application (College upperclassmen or Health Professional Students) Quantity: _____

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

Undergraduate:

- | | | |
|------------------------------------|------------------------|---------------------|
| G Communication Sciences Disorders | G Nuclear Medicine | G Radiation Therapy |
| G Dental Hygiene | G Nursing | G Radiography |
| G Nutritional Sciences | G Occupational Therapy | G Sonography |
| | G Physical Therapy | |

Professional:

- | | |
|-------------|-----------------------|
| G Dentistry | G Pharmacy |
| G Medicine | G Physician Associate |

Name: _____

Address: _____

Telephone: () _____ G Male G Female

Present Status: G High School Senior G High School Counselor G Other:
G College Freshman G College Counselor
G College Sophomore G High School Instructor
G College Junior G College Instructor
G College Senior G 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

Please add me to your mailing list G