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 G Nuclear Medicine **G** Radiation Therapy **G** Radiography Sciences Disorders G Nursing **G Occupational Therapy** G Dental Hygiene G Sonography G Nutritional Sciences **G Physical Therapy Professional:** G **Dentistry** G Pharmacy G Medicine **G Physician Associate** Name: Address: Telephone: G Male G Female Present G High School Senior G High School Counselor G Other: Status: G College Freshman G College Counselor **G College Sophomore G High School Instructor** G College Junior **G College Instructor** G Health Professional G College Senior

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