



Office of the Registrar
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ADD OR REMOVE HEALTH PROFESSIONS INTEREST

Student Name: _____

Student ID: _____ **Phone:** _____

E-mail: _____

DEGREE INFORMATION

Current major(s): _____

Advisor(s) for major(s): _____

Current minor(s): _____

Select one:

- Add Health Professions Interest**
- Remove Health Professions Interest**

Check the field(s) you are interested in:

- MD/DO**
- Physician Assistant**
- Nurse Practitioner**
- Veterinarian**
- Physical Therapist**
- Pharmacist**
- Medical Technologist**
- Other:** _____

SIGNATURES

Student Signature: _____

Date: _____

Health Professions Advisor: _____

Date: _____