

UNIVERSITY of
HOUSTON

Health Professions Advisory Committee (HPAC)

**Request for Open Applicant File and
Authorization to Bill for Pre-Health Student Fee**

Last Name	First Name	UH ID
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Address	City	State	Zip Code
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Phone #	E-mail
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Application Type

- ❖ I hereby request the Pre-Health Advising Center to establish a Pre-Health Applicant HPAC file on my behalf. This file will contain items relevant to my application to medical or dental school.
- ❖ I have **reviewed** and **completed** all requirements to be eligible for establishing an HPAC file:
 - Met with a Health Professions Advisor or viewed/attended a group HPAC Applicant Orientation session.
 - Completion of introductory, science-major level Biology, Chemistry, and Physics.
 - Completion of Organic Chemistry I and completion of or current enrollment in Biochemistry.
 - Completion of at least 3-credit hours of advanced Biology coursework (3000-level or above).
 - Minimum overall and science (BCPM) GPA of 3.0.
- ❖ I waive my right to view the contents of my HPAC file and authorize the Pre-Health Advising Center to bill me \$25.00 for the Pre-Health Student Fee.
- ❖ I understand this fee will be used to support the cost of maintaining and processing my file and that this fee is **non-refundable**, even in the event that I decide not to apply to medical or dental school.

Signing this form electronically is the legal equivalent of your written signature and confirms your agreement to the statements above.

Please ensure that the email listed on this form matches the email used to submit this form to the Pre-Health Advising Center: prehealth@uh.edu

Student Signature	Date
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