



Mississippi Area Health Education Center

University of Mississippi Medical Center
Pre-matriculated Student's Information Sheet

Please complete the entire form with signature at least four weeks prior to the beginning date of employment or internship

- 1. Name _____
- 2. Email _____
- 3. Student ID # _____
- 4. S.S. # _____
- 5. Date of Birth _____
- 6. Sex Male Female
- 7. Marital Status Single Married Other
- 8. Number of children _____
- 9. Ethnic Background
 American Indian Asian Black
 White Hispanic Other
- 10. Phone () _____
Cell () _____
- 11. Current Address
Street _____
City _____
State _____ Zip _____

- 12. School in which employed / doing internship
 Medicine Dentistry
 Nursing Allied Health
- 13. School completed (Circle highest level achieved)

High School	1	2	3	4
Undergraduate	1	2	3	4
Graduate	1	2	3	4
Resident	1	2	3	4
- 14. Family residence
City _____
County _____
State _____ Zip _____

- 15. Approximate population of #14
 under 1,000 25,000-49,999
 1,000-9,999 50,000-99,999
 10,000-24,999 100,000 & above

- 17. **Description of employment / internship / program**
Department / Organization _____
Dates of employment / internship / program _____
Number of weeks _____
Name of preceptor / advisor / supervisor _____

- 20. **Provide an address and phone number where you can be reached during your employment / internship / program.**
_____ () _____
Street Address Town Phone

- 21. Sign and Date
Signature _____ Date _____
(Student)

- 22. Signature _____ Date _____
(Parent/Guardian – if applicable)