

Hispanic Center of Excellence

University of Illinois at Chicago • College of Medicine
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<http://www.uic.edu/depts/mcam/hcoe/>

iESCUCHA! Network **Date:** _____

General Membership Application

Application Type: New Update

Last Name _____ **MI** _____ **First Name** _____ F M

Social Security Number _____ - _____ - _____ **Birth Date** ____/____/____

E-mail _____ **Citizenship** _____

Ethnic Background

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> White not Hispanic Origin |
| <input type="checkbox"/> Other Hispanic (Specify) _____ | |

Current Address (During Academic School Year) _____

City _____ **State** _____ **Zip Code** _____

County _____

Telephone Number _____ **E-mail** _____

Permanent Address (Home) _____

City _____ **State** _____ **Zip Code** _____ **County** _____

Telephone Number _____

Name of High School _____ **SAT Score** _____ **ACT Score** _____

Name of College _____ **GPA** _____ **Year** Fresh So Jr. Se

Name of Graduate School _____ **GPA** _____

Career Interest _____ **Expected Graduation Date** _____

Approximate hometown's population size _____ **City or Suburb** _____

Updated 1/10/2005