



University of Connecticut
Health Center

Health Career Opportunity Programs

Aetna Health Professions Partnership Initiative

Bridge To The Future Science Mentoring Conference Registration Form

(Please Print Legibly)

Student's name: _____
First Name Middle Name Last Name

Name of School/College: _____

Indicate Present Academic Status:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> High School Freshman | <input type="checkbox"/> High School Sophomore | <input type="checkbox"/> High School Junior | <input type="checkbox"/> High School Senior |
| <input type="checkbox"/> College Freshman | <input type="checkbox"/> College Sophomore | <input type="checkbox"/> College Junior | <input type="checkbox"/> College Senior |
| <input type="checkbox"/> College Graduate | <input type="checkbox"/> Other _____ | | |

Email address: _____

Telephone Number: _____ Career Interest: _____

Have you previously participated in any programs sponsored by the Department of Health Career Opportunity Programs? If yes, please list the program(s) and the year(s) of participation. _____

Please R.S.V.P. by March 23, 2012.

Return completed form to Dr. Wrensford via email at gwrensford@uchc.edu or fax to 860-679-7223.