

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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❖ I hereby request the Pre-Health Advising Center to establish a personal 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:

____ Completion of science-major level Biology, Chemistry, and Physics

____ Completion of Organic Chemistry I and completion of or current enrollment in Organic Chemistry II

____ Completion of at least 3-credit hours of Biology coursework above freshman-level.

____ Minimum overall and science (BCPM) GPA of 3.0.

❖ I waive my right to view the contents of my 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**.

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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