

MEDPREP Acceptance Notification Form

This form must be returned to the MEDPREP Admissions Office no later than the date specified in your acceptance letter, or your acceptance to MEDPREP will be forfeited. Early notification would very much be appreciated.

I. Acceptance & Program Options

I accept the invitation and plan to enter MEDPREP this summer. I understand that, in evaluating the effectiveness of the program, MEDPREP may desire to follow my progress subsequent to my withdrawal from the program; I give permission for MEDPREP to obtain information concerning my future progress. If my plans to enter MEDPREP change, I will immediately notify MEDPREP Admission via email at mpadmissions@siumed.edu, or call (618) 453-1554.

Career path: Medical Dental Physician Assistant

Please indicate your program track:

Traditional MEDPREP Program

Master of Biomedical Sciences – MEDPREP (BMS-MP) [You may only choose this option if you are graduate program eligible, as noted on your acceptance letter.]

I do not plan to enroll in MEDPREP.

Reason (optional)

II. Contact Information

Note: if your contact information changes at a later date, please notify the MEDPREP Admissions office.

Name:

Home City and State:

Undergraduate College/University:

Degree (BA or BS): BA BS

Major:

Cell Phone:

Email:

III. Sign

SIGNATURE:

Date:

IV. Return the form

After completing and signing this form, please return to the MP Admissions Office at mpadmissions@siumed.edu.