Form A
Student Profile

Region 6 South Central Public Health Training Center
Field Placement Program

Last Name	**First Name**	**MI**	**Date of Birth**	**Race/Ethnic Origin**

Are you a Veteran of the U.S. Armed Services? Yes / No	**Sex M / F**

Address

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

Home ( ) -	**Work** ( ) -	**Cell** ( ) -	**Email (permanent e-mail address)**

Are you from: 1) Rural area: Yes No 2) Underserved area: Yes No
3) Disadvantaged background (2X poverty level): Yes No

In case of an Emergency, list your designated contact:

Name	Relation	Address

Home ( ) -	Work ( ) -	Cell ( ) -	Email

Education

Undergraduate Institution:		Dates Attended:
Program of Study:	Degree Awarded:	Cumulative GPA:
Current CEPH Graduate Institution:		Dates Attended:
Program of Study:	Degree Awarded:	Cumulative GPA:

Current Year (e.g. Undergraduate Year 1…Graduate Year 7):

Desired Internship (Title and Location):

Semester for the internship Fall ☐ Spring ☐ Summer ☐