

**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 <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>						