

## Summer Contact Information

**Instructions:** Fill out this form, sign, and return by *May 2, 2010* to:

Dr. Karen Kirk, Chair  
Health Professions Advisory Committee  
Department of Chemistry – P5  
555 North Sheridan Road  
Lake Forest, IL 60045

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Date: \_\_\_\_\_ AMCAS ID# \_\_\_\_\_

Applicant's name: \_\_\_\_\_  
(Typed or printed)

Address: \_\_\_\_\_  
(Typed or printed)

Address: \_\_\_\_\_  
(Typed or printed)

Phone: \_\_\_\_\_  
(Typed or printed)

E-mail: \_\_\_\_\_  
(Typed or printed)

Applicant is applying to:

- Medical School (Allopathic or Osteopathic)
- Dental School
- Veterinary School
- Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date