Alpha Epsilon Delta

Pre Health Honors Society

FIU Premedical Shadowing Program
APPLICATION

Contact Information:
Name:
Address:
City: St: Zip:
Phone:
Email:

Academic Information:
SSN:
Classification:
Major:
GPA:
****Note: Please attach Unofficial Transcript****

Extra-Curricular Activities:
Clinical Volunteer Experience:
0-50 hrs. _____
51-100 hrs. _____
100+ hrs. _____
Non Clinical Volunteer Experience:
0-50 hrs. _____
51-100 hrs. _____
100+ hrs. _____
Student Club/Society Memberships:
1)
2)
3)
4)
5)

Warning: Only AED members permitted; No fee

Are you applying to or have been accepted to any other AED programs?
If Yes, please list:

1) _____
2) _____
3) _____

Essays/Questions:

1) How will you benefit from the FIU Shadowing Program? _____

_____

_____

_____

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