VCU Health Sciences and Health Careers Pipeline

Central Registration Instructions

Select a program:
After carefully reviewing the programs offered through the Virginia Commonwealth University Health Sciences and Health Careers Pipeline, please select the program that you or your student would like to submit a registration form for. Remember that each program has specific age and grade requirements and no exceptions will be made regarding this issue.

Applicant information:
Fill in the information regarding the applicant in this area. If you are a parent filling out the registration form for your student, please make sure the student’s name is listed here. In addition, make sure when providing an address that the address listed is where the applicant will be able to receive mail.

How did you hear about our program?
Use the space provided here to let us know how you learned about the VCU Health Sciences and Health Careers Pipeline Program. Please use the space marked “Other” if you feel that an appropriate description is not listed.

How would you describe your current neighborhood?
Select the answer that best describes your current neighborhood. Please use the space marked “Other” if you feel that an appropriate description is not listed.

Family information:
All participants, including those over the age of 18, are required to fill out this information regarding legal guardian or parental contact information. The name and contact information listed here will be considered your “Emergency Contact” person during your conference and/or event.

Ethnicity:
Select the option that you feel best describes you.

Race:
Select the option that you feel best describes you.

Education:
Indicate the education or grade level that you are currently in at the time that you submit your registration form. Indicate the current educational institution you are attending, as well as your current or intended major.
**Certification:**
For the purpose of submitting this registration, an electronic certification will be used. Checking the box in this section will serve as your signature that all information provided in the registration form is true to the best of your knowledge. Please note that if any information is found to be untrue, your registration may not be submitted for further review. This section also certifies that you acknowledge that all information provided in the registration form will not be sold to a third party, and that the information supplied will be stored in a database and used for evaluation and assessment of the programs. It is required to certify your registration in order for it to be submitted.

**Optional contact recipient:**
Checking the “yes” box in this section will acknowledge that you are interested in receiving additional information regarding other VCU Health Sciences and Health Careers Pipeline Programs.