

**N.P.S.O**  
**The Nontraditional Premed Student Organization**  
**"Nontraditional and Completely Original"**

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**Organizational Requirements:**

Actively pursuing application to medical school  
Required to be in good academic standing at the University of Arkansas  
Required volunteer hours/semester: 8  
One-time Membership Fee: \$15.00\*

**Please mark method of payment:**

Cash  
Check  
Money Order

\*Check or Money Order must be made out to  
"Nontraditional Premed Student Organization".  
We do not accept Credit Cards

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Name: Last, First

Date of Birth

Gender

Mailing Address

Mailing address line 2

City

State

Zip code

Phone number

Primary Email Address

Are you currently Enrolled at the University of Arkansas?

Do you currently hold a degree?

Degree (if applicable)

Are you Currently Degree Seeking at the University of Arkansas?

Current Major (if applicable)

Current Minor (if applicable)

Total Number of Credit Hours Earned

Undergraduate GPA

Expected Medical School Application date

Graduate GPA (if applicable)

### **Candidate Qualifications**

NPSO candidates must meet one or more of the following criteria to qualify:

Check all that apply

24 years old or over

Married

Have children or are currently pregnant

Veteran or Active Military

Other factor(s) not listed above\* (explain below)

\*any other factor(s) not listed above will be reviewed by the NPSO officers and faculty advisor. Please be detailed and succinct. All information shared on this application will be used only for the indicated purposes. Personal information will not be shared outside it's required use to determine eligibility.

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### Candidate Statement

By signing below I hereby confirm that all information provided on this form is true and complete to the best of my knowledge. I acknowledge that acceptance to be a member of NPSO holds me to a higher standard of professionalism and integrity and will uphold these values to the best of my ability. I attest that I possess the appropriate qualities for both the medical profession and the NPSO and am willing to participate to the best of my ability in organization activities. I understand that, as a member, I will be required to stay in good academic standing each semester upon returning to college and complete a minimum of 8 volunteer hours per semester. I understand that this organization elects members that meet these requirements and without any discrimination on the basis of gender, sexual orientation, race, religion, creed, or national origin.

Signature

Date

Please type all responses other than signature above.

Deliver completed hardcopy of form with hand signature to **Dr. Jackson Jennings's** mailbox on the 6th floor of the Science and Engineering building, **SCEN 632** or hand deliver to his office, room **SCEN 605**

*Do not Email this form. All applications must be received in hard copy to be considered.*

For NPSO Officer Use Only. Do Not Write Below This Line.

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NPSO Officer Approval

Date

Faculty Advisor Approval

Date

Vote Count if Needed

Date