

**NOVI HIGH SCHOOL 2020-2021**  
**Medical Careers Exploration Application Signature Page**

**Full Name** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_

**Instructions:**

1. Fill out the online application: <https://forms.gle/hbD93JEMLeE5rg6w5>
2. Complete this signature page and turn it in to Mrs. Pohlonski in Room 183.
3. **Both forms must be complete by Wednesday, February 19, 2020 to be considered for this course.**

**Student Signature**

I \_\_\_\_\_ am committed to the Partner's in Excellence Partnership with Ascension Providence Hospital in Novi. I will behave in a manner that positively reflects Novi High School, and this partnership. I understand the course may extend beyond the normal school day. I also understand a Flu shot and/or a TB test may be administered to me by Ascension Providence as a requirement for hospital travel.

\_\_\_\_\_  
Signature Date

**Anatomy and Physiology – Counseling Office Secretary must sign to confirm**

Did you already take Anatomy and Physiology? \_\_\_ Yes (please fill out below) \_\_\_ No (scheduled next fall)

Counseling Office Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Teachers sign below to indicate that you would recommend this student to take Medical Career Explorations.*

**Science Teacher**

Printed Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

**Teacher**

Printed Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_