# MOREHOUSE
## SCHOOL OF MEDICINE

Office for Educational Outreach and Health Careers
Pipeline Program Registration

Name of Program: _____

Program Start Date: _____

Program Manager/
Program Coordinator/ Student Leader: _____

Name: _____     Title: _____

Office
Location: _____     Phone
Number: _____     Email
Address: _____

If this program is student-led, please list the faculty/staff advisor

Name: _____     Title: _____

Office
Location: _____     Phone
Number: _____     Email
Address: _____

Educational Level:

Dates of Program          Fall Semester          Spring Semester          Summer
(check all that apply):

How often does the program meet (e.g. daily, monthly, quarterly, annually, etc.)? _____

Application Open Date: _____

Application Closing Date: _____

Website Address: _____

Brief Description of Program:

What are the short term goals of this program?

What are the long term goals of this program?

Have you tracked student success?                    Yes                    No

If yes, what mechanism do you have in place?  If no, what mechanism do you plan to use?

Funding source and PI (if applicable): _____

Please provide a brief summary of program outcomes to date (if any):

What resources (other than monetary) would you like to see the Qffice for EOHC provide?

**Thank you for completing your program registration with EOHC#**