



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 Phone Email  
Location: \_\_\_\_\_ Number \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone Email  
Location: \_\_\_\_\_ Number \_\_\_\_\_ 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 EOHC provide?

Thank you for completing your program registration with EOHC