



Division of Health Sciences  
University of Nevada, Reno

### PROGRAM IN HEALTH CARE ETHICS (HCE)

(775) 327-2309

ethics@unr.edu

#### Application for Admission:

- HCE Minor
- Graduate Certificate in Bioethics

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Student R-Number \_\_\_\_\_

#### UNR INFORMATION

Entering Degree Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior	
_____ Seeking Advanced Degree _____ Graduate Special (Non-degree student)	
Catalog Year Entered: _____	Anticipated date of Graduation: _____
Major: _____	Advisor: _____
Anticipated Degree:	<input type="checkbox"/> Bachelor <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MPH <input type="checkbox"/> MSW <input type="checkbox"/> PhD <input type="checkbox"/> EDD <input type="checkbox"/> MD <input type="checkbox"/> Other _____

#### I. Courses taken in Ethics:

At UNR: \_\_\_\_\_

Other Institution(s): \_\_\_\_\_

#### III. Career goals? \_\_\_\_\_

#### IV. How did you hear about the programs? Student Ambassador    Professor    Adviser

Website     University Catalog     Brochure/Flyer     Friend/Classmate

Other (describe) \_\_\_\_\_

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

Academic Adviser \_\_\_\_\_ Date \_\_\_\_\_

HCE Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

#### HEALTH CARE ETHICS

An Interdisciplinary Academic Program of the University of Nevada, Reno

Nevada Center for Ethics & Health Policy ■ School of Community Health Sciences

Scholars in AGing and Ethics (SAGE) Consortium