

# RSVP: PARENTS APPRECIATION DAY

## RSVP: WHITE COAT CEREMONY

RETURN TO DIANE HARRIS, ADMISSIONS COORDINATOR  
 VIA E-MAIL: diharris@uthsc.edu | WALK-IN: College of Medicine Admissions Office  
 910 Madison Building, Suite 1043

**PLEASE PRINT**

INCOMING STUDENT'S NAME			
AMCAS ID#		AREA CODE TELEPHONE #	
EMAIL ADDRESS YOU CHECK OFTEN			

Will your parent(s) and/or significant others be attending the Parents Appreciation Day?      Yes      No  
 If so, please provide their names.


Will you be inviting parent(s) and/or guest(s) to the White Coat Ceremony?      Yes      No  
 If so, please provide their names. **(UNLIMITED GUESTS)**

GUEST #1		GUEST #11	
GUEST #2		GUEST #12	
GUEST #3		GUEST #13	
GUEST #4		GUEST #14	
GUEST #5		GUEST #15	
GUEST #6		GUEST #16	
GUEST #7		GUEST #17	
GUEST #8		GUEST #18	
GUEST #9		GUEST #19	
GUEST #10		GUEST #20	