

University of North Texas Health Science Center  
Texas Higher Education Coordinating Board Representative

**Application Form**

- Please print or type
- Application for is due by: November 14, 2014
- Deliver in person or mail to the Office of Student Affairs (EAD 246)
- Electronic and facsimile applications will not be accepted.
- Applications received after the deadline will not be eligible for consideration.
- This application may be subject to disclosure under the Texas Public Information Act. By signing this form applicant waives any exemption from disclosure afforded by the Family Educational Rights and Privacy Act, 12 USC 1232g, with the exception of a Student Identification Number which will be confidential unless otherwise provided by FERPA.

Personal Information

Name

Student Identification Number

Address

City  State  Zip Code

Phone Number

Email \_\_\_\_\_

Are you a Texas Resident?  Yes  No

Permanent Information if Different from Above

Name

Address

City  State  Zip Code

Phone Number

Email \_\_\_\_\_

Educational Background

Please check your program affiliation for the current spring term.

DPT       GSBS       TCOM       PA       SPH      Pharmacy

Will you be enrolled as a student at this university continuously through the 2015 academic year, and are you planning to be continuously enrolled through May 31, 2016?

Yes                       No

What is your intended degree and expected year of graduation?

Degree  Anticipated graduation date

What is your overall GPA as of the latest completed semester?    GPA

To the best of your knowledge, are you in good standing at the present time with the university in all respects, with no delinquent financial obligations or pending disciplinary actions?

Yes                       No

Have you been disciplined while attending this, or any other university, for infractions of university policy?

Yes                       No                      If yes, please explain. (Attach additional sheets if more space is needed.)

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give my system/university full authority to conduct background investigations pertinent to this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The student applicant is in good standing with this office and, to the best of my knowledge, has met all obligations to which he/she has committed to the university.

Office of the Registrar (verify GPA provided above): Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Student Financials: \_\_\_ Yes                      \_\_\_ No                      Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President of Student Affairs: \_\_\_ Yes                      \_\_\_ No                      Initials: \_\_\_\_\_ Date: \_\_\_\_\_