



**Application for TCU Neeley Students
Non Degree Application**

SCHOOL OF PUBLIC HEALTH

Mail completed application to:
 UNT Health Science Center – School of Public Health
 3500 Camp Bowie Blvd., SSC-120
 Fort Worth, TX 76107
 Phone: 817-735-2401
sph@unthsc.edu

Please Check One:	Application Fee
<input type="checkbox"/> U.S. Citizen	Waived
<input type="checkbox"/> Permanent Resident	Waived
<input type="checkbox"/> Non-U.S. Citizen	Waived

Please Print or Type

Name: Last _____ First _____ Middle _____ Maiden _____ Social Security Number _____

Current Address: Street _____ City _____ State _____ Zip Code _____

Length of time at current residence? _____ Months _____ Years

If less than 12 months, please attach a list of prior residences and the length of time you lived at each one.

Permanent Address: Street _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ E-Mail Address _____
 Area Code – Home Phone Area Code – Work Phone

Place of Birth: City/State/Country _____ **Citizenship:** Country _____

State of Legal Residence _____ If Texas, how long have you lived at your present address? _____

If Non-U.S. Citizen or Permanent Resident: Date and Port of Entry into the United States _____ Alien Registration Number _____

Emergency Contact: Name _____ Phone Number _____ Relationship _____

Check the year in which you are applying: Fall 20____ Spring 20____ Summer 20____

Desired method of course instruction: _____Online only _____On-campus only _____Online & on-campus

Admissions Requirements

- The applicant must hold a minimum of a bachelor’s degree or its equivalent from a recognized accredited institution.
- The student in this status is required to receive credit in all graduate courses taken, and must meet their TCU Neeley program requirements.
- To be activated as a student on the UNTHSC campus, the applicant must file the following official credentials with the School of Public Health Admissions Office:
 - Complete application
 - Unofficial transcript/degree plan from TCU Neeley

Are you currently under charge or have you ever been convicted of a felony or misdemeanor other than minor traffic violations? If yes, you must submit a full written explanation to the School of Public Health, UNT Health Science Center, 3500 Camp Bowie Boulevard, Fort Worth, TX 76107. Yes No

Your name while attending the UNT Health Science Center: _____

High School last attended City State or Country Graduation Date

Please list **all colleges or universities** in which you have been officially registered. Include dates of attendance and degrees conferred (if applicable). Failure to list all schools attended will be considered an intentional omission and lead to enforced withdrawal.

Institution City, State	Dates Attended Month/Year to Month/Year	Major	Minor	Degree Conferred	Year Conferred

Are you presently enrolled at another college? Yes No If Yes, where? _____

The Family Rights and Privacy Act of 1974 prohibit the health science center from releasing information to anyone other than the student. If you wish for someone to be able to discuss your file with this office, please list his or her name on this line.

Please print or type name: _____

I certify that the information submitted in these application materials is complete and correct. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any information on the application documents will void my admission, cancel my enrollment, and/or result in appropriate disciplinary action.

Signature of Applicant

Date

◆ Clery Act and Campus Crime Statistics: <https://www.unthsc.edu/students/jeanne-clery-disclosure-of-campus-security-policy-and-crime-statistics-act/>