

COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are ***presently enrolled***.
 Please note that enrollment in any program is contingent upon you providing official
documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

			Dates of Enrollment	
			From	To
Course Title & Course Number	College or University	Sem./Qtr. Hours	Mo./Yr.	Mo./Yr.

List any college/university -level courses not listed above you ***expect to complete prior to the first class day.***
 Please note that enrollment in any program is contingent upon you providing
official documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

			Dates of Enrollment	
			From	To
Course Title and Course Number	College or University	Sem./Qtr. Hours	Mo./Yr.	Mo./Yr.

CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action which may include dismissal from the College of Health Professions and/or the University.

Signature

Date