



**PREFERRED ENROLLMENT**

Will only accept full-time study

Will only accept part-time study

Prefer full-time study but will accept part time

Prefer part time study but will accept full-time

**COLLEGE/UNIVERSITY RECORD**

Did you learn about our programs from the University Partnership Center at St. Petersburg College? Yes \_\_\_ No \_\_\_

List all college/university level courses in which you are presently enrolled.

Course Number and Title	College or University	Credit Hours	Dates of Enrollment	
			From (Mo./Yr.)	To (Mo./Yr.)

List any college/university level courses not listed above that you expect to complete prior to beginning the Health Science Program.

Course Number and Title	College or University	Credit Hours	Dates of Enrollment	
			From (Mo./Yr.)	To (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

**Undergraduate applicants return to:**

Division of Health Sciences  
 College of Health Professions  
 Attn.: Application Materials  
 Florida Gulf Coast University  
 10501 FGCU Boulevard South  
 Fort Myers, FL 33965-6565

**Graduate applicants return to:**

Graduate Admissions Office  
 Florida Gulf Coast University  
 10501 FGCU Boulevard South  
 Fort Myers, FL 33965-6565