

Florida Gulf Coast University

Return to:

Florida Gulf Coast University
Attn: Wanda Smith
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565

Department of Occupational Therapy and Community Health

SUPPLEMENTAL B.S. APPLICATION

This application supplements the formal application for admission to the University and must be completed by students applying to programs in the Department of Occupational Therapy and Community Health.

Instructions. Please complete each item of the application. Incomplete application packets will not be processed. Information must be printed or typed.

BIOGRAPHICAL INFORMATION

Last Name		First Name	M.I.	Student UIN	
Mailing Address			City	State	Zip Code
Permanent Address (if different from Mailing Address)			City	State	Zip Code
Area Code (____)	Area Code (____)				
Home Phone		Work Phone		e-mail address	

PROGRAM OF STUDY

Check the enrollment term for which you are enrolling

PROGRAM

ENROLLMENT TERM

B.S. in Community Health

Fall 20__

Spring 20__

Summer 20__

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