INSTRUCTIONS:
Please complete all fields, sign, and return completed application with application fee payable to "University of Kansas Medical Center".

THE UNIVERSITY OF KANSAS
School of Allied Health

FOR OSRR ONLY: ENTERED FROM KUMC	
STUDENT NO.	SCHOOL/LEVEL
YEAR/TERM RESIDENCY	
DATE ENTERED	INITIALS

UNDERGRADUATE APPLICATION

PLEASE TYPE OR PRINT CLEARLY: UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Part A — Program Selection
• *Please complete all fields*

1. Admission requested for semester:

☐ Fall
☐ Spring Of Year: __ __ __ __
☐ Summer

2. Please select the Academic Program to which you are applying
Note: Some Programs may require an additional application specific to that Department

☐ Clinical Laboratory Science (BS)
☐ Cytotechnology (BS)
☐ Health Information Management (BS)
☐ Health Information Management (BS for RHIAs)
☐ Occupational Studies (BS)
☐ Respiratory Care (BS)
☐ Respiratory Care (BS for RRTs)
☐ Diagnostic Cardiac Sonography (certif cate)
☐ Diagnostic Ultrasound & Vascular Tech. (certif cate)
☐ Nuclear Medicine Technology (certif cate)
☐ Special Student (non-degree)

Part B — Personal Information
• *Please complete all fields*

3. FULL NAME: _____ First _____ Middle _____ Last

4. MAIDEN NAME: _____ First _____ Middle _____ Last
Or other names under which your records might be found

5. PRESENT ADDRESS: _____ Street _____ City __ __ State _____ Zip Code

(__ __ __) __ __ __ – __ __ __ __ Phone _____ E-mail Address

6. PERMANENT HOME _____ Street _____ City __ __ State _____ Zip Code
Or that of a person who will always know how to f nd you

(__ __ __) __ __ __ – __ __ __ __ Phone _____ In what Kansas COUNTY is your home?

7. For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please list the city, state, zip code, and county of what you consider your hometown and state.

HOMET OWN: _____ City __ __ State _____ Zip Code _____ County

8. DATE OF BIRTH: __ __ / __ __ / __ __ __ __ (Month Day Year) PLACE OF BIRTH: _____ (State or Country) Soc. Sec. # __ __ __ - __ __ - __ __ __ __
Social security number and student status data may be provided to other state agencies for use in detection of fraudulent or illegal claims against State monies.

9. Are you a resident of the State of Kansas? ☐ YES ☐ NO

If "yes" when did you begin living continuously in Kansas? __ __ / __ __ / __ __ __ __ (MM DD YYYY)

If "yes", where? _____ Street _____ City __ __ State _____ Zip Code

10. Last year, did anyone claim you as a dependent for income tax purposes? ☐ YES ☐ NO

If "yes," who? _____ Name _____ Relationship to you

_____ Street _____ City __ __ State _____ Zip Code

Please continue application on next page

The University of Kansas is an Equal Opportunity Employer. In compliance with federal government regulations under Titles VI and IX of the Civil Rights Act, the University must collect data on the race and gender of its applicants. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. When received, this section is separated from the application along the dotted line above, and is not forwarded to the department admissions of ficer. If you choose to complete the section, this information will remain in the Dean's Office for statistical reporting purposes only and **will not be used in the admissions process.**

Gender: ☐ Female ☐ Male

Race/Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black (not of Hispanic origin)
☐ Hispanic ☐ White (not of Hispanic origin) ☐ Other (please specify): _____

Part C — Academic and Experience Record

• *Please complete all fields*

11. Are you a CITIZEN of the United States of America? ☐ YES ☐ NO
    If answer is NO: Have you been granted Immigrant or Permanent Resident status by the U. S. Immigration & Naturalization Service ? ☐ YES ☐ NO
    If NO, indicate type of VISA: _____ If YES, attach a copy of your Alien Registration card to this form.

12. Are you a KU employee or a dependent of one? ☐ YES ☐ NO

13. Are you a member of the U.S. Armed Forces or a dependent of a member? ☐ YES ☐ NO
    If "yes" is the duty station in Kansas? ☐ YES ☐ NO

14. Will you or your parents have moved to take a job in Kansas before you enter KU? ☐ YES ☐ NO

15. HIGH SCHOOL: _____ CITY/STATE: _____ GRADUATION YEAR: __ __ __ __

16. Have you ever attended, or are you currently attending, the University of Kansas?
    ☐ NO ☐ YES – if yes, please indicate dates attended (mm/yy): __ __ / __ __ to __ __ / __ __

    KU Student Identification No.: _____

17. List below or attach complete information concerning the colleges or universities you have attended, beginning with latest, and indicate the one from which you received, or expect to receive, your degree. Include graduate work, if applicable. Please show overall undergraduate Grade Point Average where indicated (A=4.0).

Name and Location of College/University	Dates of Attendance (mm/yy)	Major	Degree	GPA
_____	From __ __ / __ __ to __ __ / __ __	_____	_____	__.__
_____	From __ __ / __ __ to __ __ / __ __	_____	_____	__.__
_____	From __ __ / __ __ to __ __ / __ __	_____	_____	__.__
		OVERALL Undergraduate Grade Point Average =		__.__

18. List below or attach information concerning full time employment (including military service). Begin with the most recent:

Description of Employment	Company or Institution	Location	Inclusive Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part D — References and Signature

• *Please complete all fields*

19. List below the names of three people, including recent instructors, whom you have asked to send reference forms regarding y our qualifications. The reference forms should be sent directly to the department to which you are making application.

	Reference 1	Reference 2	Reference 3
Name	_____	_____	_____
Position/Title	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____

20. Signature of Applicant **X** _____ Date of application _____

Please direct requests for disability accommodation to the EO/Disability Specialist: 913-588-1206 (Voice) or 913-588-7963 (TDD). Persons with speech or hearing impairments who wish to contact the university may access the Kansas State Relay at 800-766-3777.

APPLICANT: DO NOT WRITE BELOW THIS LINE

Departmental Recommendation

• *For Internal Use Only*

Degree sought _____ Major Code # _____
Major field _____ Department _____

Deficiencies or remarks: _____

We recommend admission to the program indicated above. ☐ YES ☐ NO Date: _____
Signature of Departmental Representative: _____