

Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

KU School of Allied Health Domestic Student Undergraduate Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found	Male	Female

Social Security Number Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

Home (Current) Address:

<input type="text"/>	
Number and Street	
<input type="text"/>	
City & State	
<input type="text"/>	<input type="text"/>
Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>

Permanent Address (if different from current address):

<input type="text"/>	
Number and Street	
<input type="text"/>	
City & State	
<input type="text"/>	<input type="text"/>
Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>

E-mail Address

Citizenship/Residency Status (please select one): United States Citizen Permanent Resident of United States

If you did not select one of the above, **STOP**: you must use the School of Allied Health **International Student** Undergraduate Application

Is English your first language? Yes No If No, what is your first language?

Ethnicity

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino.
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.

- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level	<input type="checkbox"/> Non-degree-seeking or special student

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

Other Information

Please check any which apply to you:

- Current KU/KUMC student
- Have APPLIED to KU/KUMC before
- Have ATTENDED KU/KUMC before
- Member of US Armed Forces, or a dependent of one
- My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas? Yes No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

- Regular Regular non-degree
- Provisional Provisional non-degree

Do not admit.

Comments/Remarks:

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Department Signature

Date