

## Department of Health Sciences College of Health Professions and Social Work

## SUPPLEMENTAL APPLICATION

This application supplements the formal application for admission to the University and must be completed by students applying to the Department of Health Science in the College of Health Professions. Students must also submit a portfolio and personal statement. Portfolio and personal statement guidelines can be found at <a href="http://www.fgcu.edu/CHP/HS/Files/Portfolio">http://www.fgcu.edu/CHP/HS/Files/Portfolio</a> Guidelines.PDF

Official transcripts from all schools attended must be sent to the undergraduate or graduate admissions office.

**Instructions:** Please complete each item of the application. *Applicants are responsible for ensuring that supplemental application files are complete by the established deadline* (see deadlines below). Incomplete application packets will not be processed. Information must be printed or typed. The mailing address can be found on the back of this form.

## **BIOGRAPHICAL INFORMATION** M.I. University Identification Number (if available) Last Name First Name Mailing Address City Zip Code State Cell Phone **Work Phone** e-mail address Permanent Address (if different from Mailing Address) Mailing Address City State Zip Code **PROGRAM OF STUDY** B.S. in Health Science. Select a Concentration and Enrollment Term: Deadline March 1<sup>st</sup> for priority consideration. No applications will be accepted after June 1. **Health Services Administration** Spring 20 Deadline October 1<sup>th</sup> for priority consideration. No applications will be accepted after December 1. Applications received after the priority deadline will be reviewed Health Science at a later date and class availability may be limited. M.S. in Health Science. Select a Concentration and Enrollment Term: Deadline July 1<sup>st</sup> **Health Services Administration** Fall 20 Deadline November 15th Spring 20 **Health Professions Education** Graduate applicants: The Graduate Admissions Office must receive all application materials by the due date indicated above.

This includes the graduate school application, transcripts, test scores, portfolio, and supplemental application.

Preferred Enrollment					
Will only accept full-time study	Will only	Will only accept part-time study			
Prefer full-time study but will accept part	time Prefer pa	Prefer part time study but will accept full-time			
COLLEGE/UNIVERSITY RECORD					
Did you learn about our programs from the U	Jniversity Partnership Center	at St. Peter	sburg College? Yes	No	
List all college/university level courses in wh	ich you are presently enrolled	l.			
Course Number and Title	College or University	Credit	Dates of Enrollment		
		Hours	From (Mo./Yr.)	To (Mo./Yr.)	
List any college /university level courses not l	isted above that you ownest t	o complete	nrier to heginning	the Health	
List any college/university level courses not I Science Program.	· ·	o complete	prior to beginning  Dates of E		
	isted above that you expect to				
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Course Number and Title  Certification  I certify that all information provided on pledge on my honor that all application response.	College or University  this application is true and naterials were authored so	Credit Hours	Dates of E From (Mo./Yr.)  the best of my kr in accordance wi	nrollment To (Mo./Yr.) nowledge. I also	
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College of Health Professions
Attn.: Application Materials
Florida Gulf Coast University
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565

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