

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:

Department 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