

Application for Undergraduate Program Admission

Date:		Banner ID:			
Program Applying for:		Term Applying for:			
Last Name:	First Name:	Middle Name:			
List any names used at previous institutions:					
Last Name:	First Name:	Middle Name:			
Current Address: Address: City: State: Send correspondence to this add	Zip: dress:				
Permanent Address: Address: City: State: Send correspondence to this add	Zip: dress:				
Home Phone:	Cell Phone:				

Primary Email Address:

The following information is collected for informational purposes only:

Race/ethnicity (Check one or more that apply):

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

Date of Birth:
Are you an Alabama Resident?
Country of Birth:

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Male:		Female:		
If yes, how long (years):				
Nation	of Citiz	zenship:		

Education:

Were you previously enrolled at UAB?			Dates Attended:		
Major:					
Colleges or Universities A	Attended:				
College or University:					
Previous Certifications an					
Have you previously appli Where did you hear about	ed to this prog	gram?	•		
By e-signing below, you ac	knowledge th	at you hav	ve completed this for	m honestly an	nd completely:
Signature:					
Date:					
It is preferred that you send	your applicati	ion direct	y by email. To do s	o, click here	
If you are unable to submit	by email, plea	se print a	nd mail application t	o:	
UAB Department of Clinica Admissions Office 430 School of Health Profes 1705 University Boulevard Birmingham, AL 35291-12 205.934.3209 AskCDS@uab.edu	ssions Buildin		ces		

The recruiting and admitting practices of this institution are in keeping with federal guidelines concerning race, sex, handicap, religion, creed, and national origin. UAB is an equal education opportunity institution.