



Application for Non Degree Admissions

Mail Completed Application to:

UNT Health Science Center
 School of Public Health
 Office of Student & Academic Services, EAD-716
 3500 Camp Bowie Boulevard
 Fort Worth, Texas 76107-2699

Please Check One: Application Fee:

- U.S. Citizen \$40.00**
 Permanent Resident \$40.00

Please Print or Type

Name: Last First Middle Maiden Social Security Number

Current Address: Street City State Zip Code

Length of time at current residence? _____ Months _____ Years

If less than 12 months, please attach a list of prior residences and the length of time you lived at each one.

Permanent Address: Street City State Zip Code

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 Area Code – Home Phone Area Code – Work Phone **E-Mail Address**

Place of Birth: City/State/Country **Citizenship:** Country

State of Legal Residence If Texas, how long have you lived at your present address?

If Permanent Resident: Date and Port of Entry into the United States Alien Registration Number

Emergency Contact: Name Phone Number Relationship

Course of Study: Non Degree Complete Desired Enrollment Year: Fall 20____ Spring 20____
 Summer I (5-weeks) 20____ Summer II (5-weeks) 20____ Summer Institute Program(3-weeks) 20____

Admissions Requirements

The health science center recognizes that some students may wish to be admitted to the School of Public Health for the purpose of taking courses not necessarily leading to an advanced degree. Admission to the School of Public Health may be granted, subject to the following provisions.

- The applicant must hold a minimum of a bachelor s degree or its equivalent from a regionally or federally accredited institution, have a minimum overall GPA of 3.0 or better and must meet application deadlines.
- The student in this status is required to receive credit in all graduate courses taken, and must maintain a GPA of 3.0 on all such courses attempted.
- A student who is admitted to non-degree status has no assurance that work completed under this status will be applicable toward degree requirements should he or she subsequently be admitted to a degree program at the health science center. A maximum of 12 semester hours may be taken. Completion of departmental graduate courses by non-degree students does not obligate the School of Public Health to grant admission to a degree program at a later date, unless all general and specific requirements for admission to that program have been met.
- International applicants requiring F-1 visas are not eligible for non-degree admission.
- To be considered for admission, the applicant must file the following official credentials with the School of Public Health Office of Student & Academic Services: (see address above)
 - Complete application
 - Application fee
 - Complete official transcripts from all colleges or universities attended

Application for Non Degree Admission

Applicant's Name: _____

Are you currently under charge or have you ever been convicted of a felony or misdemeanor other than minor traffic violations? If yes, you must submit a full written explanation to the School of Public Health, UNT Health Science Center, 3500 Camp Bowie Boulevard, Fort Worth, TX 76107. Yes No

Have you ever enrolled at the UNT Health Science Center? Yes No

If yes, when? Fall Spring Summer Year: _____

Your name while attending the UNT Health Science Center: _____

High school last attended _____ City _____ State or Country _____ Graduation date _____

If not graduated, have you taken the GED? Yes No N/A

Please list **all colleges or universities** in which you have been officially registered. Include dates of attendance and degrees conferred (if applicable). Failure to list all schools attended will be considered an intentional omission and lead to enforced withdrawal.

Institution ----- City, State	Dates Attended Month/Year to Month/Year	Major	Minor	Degree Conferred	Year Conferred

Are you presently enrolled at another college? Yes No If Yes, where? _____

The Family Rights and Privacy Act of 1974 prohibit the health science center from releasing information to anyone other than the student. If you wish for someone to be able to discuss your file with this office, please list his or her name on this line.

Please print or type name: _____

I certify that the information submitted in these application materials is complete and correct. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any information on the application documents will void my admission, cancel my enrollment, and/or result in appropriate disciplinary action.

Signature of Applicant

Date

- ◆ All payments must be paid in US dollars, by check or money order, to **UNT Health Science Center**.
- ◆ Clery Act and Campus Crime Statistics: http://www.hsc.unt.edu/departments/police/crime_stats.htm
- ◆ **Admissions Office: phone: 817-735-2401 toll free: 1-877-868-7741 fax: 817-735-2619 email: sph@hsc.unt.edu**



UNT Health Science Center School of Public Health

Demographic Information Sheet

This form is not required to complete your application to the University of North Texas Health Science Center/School of Public Health. Information derived from this form is used to design recruitment plans for the UNT Health Science Center and not to determine your eligibility for admission.

Date of Birth: _____
Date: MM /DD/YYYY

Gender: Female Male

How do you describe yourself? White (Non-Hispanic) Native American/Alaskan Native
 Black (Non-Hispanic) Asian/Pacific Islander
 Puerto Rican (Mainland) Other Hispanic
 Mexican American Other: _____

Hometown: _____
City / State / Country

How did you learn about the UNT Health Science Center/School of Public Health? World Wide Web
 UNT Health Science Center Student
 UNT Health Science Center Faculty/Staff Member
 UNT Health Science Center Alumnus
 Graduate/Professional School Fair
 Your Academic Advisor
 Poster/Brochures
 Peterson' Guide to Graduate Study
 GradAdvantage
 Other: _____

Please briefly explain the most important factor in your decision to apply to the University of North Texas Health Science Center/School of Public Health:

Signature of Applicant

Date: MM/DD/YYYY