



## Undergraduate Students Summer Institute 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

(       )                      (       )  
 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: 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 have successfully completed a minimum of 60 semester credit hours of undergraduate level coursework.
- 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 maximum of 6 semester hours may be taken during the Summer Institute Program. 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
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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](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](mailto: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:

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: MM/DD/YYYY