

Mail all Application Materials to the following address:

The University of Oklahoma Health Sciences Center
 Office of Admissions and Records
 P.O. Box 26901
 BSEB 200
 Oklahoma City, OK 73190-0001

Administrative Use Only

Student ID Number	Application Year

Name (please print your legal name)

Last Name (Suffix)	First Name	Middle Name
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Other Names (list any other names under which your records, transcripts, or test scores may appear and the date last used)

Date Last Used	Last Name	First Name	Middle Name
Date Last Used	Last Name	First Name	Middle Name
Date Last Used	Last Name	First Name	Middle Name

Social Security Number (Please enter United States social security numbers only) OU Assigned ID Number

- -	The Social Security Number is required in order for the University of Oklahoma Health Sciences Center to accurately process your records, transcripts, and test scores received from other institutions.	
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Student Information Primary Ethnic Group (Optional)

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch _____	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White Ethnicity _____
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Date of Birth Place of Birth

/ /	City	State	Country
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Citizenship

Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Citizenship _____	Non U.S. Citizens: Do you hold a Permanent Resident Visa in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Naturalized U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes Nat. No. _____
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Current Mailing Address (Home Address) Home Phone

Street	City,	State	Country	Zip Code	()
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Permanent Mailing Address (Address of Legal Residence) Permanent Phone

Street	City,	State	Country	Zip Code	()
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Email Address Work Phone Cell Phone Fax

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Personal Information

Application for Admission Continued

Applications

List all the areas you are officially applying to for admission. *Each listing may be subject to additional College Processing Fees.

Application Information

Administrative Use Only

1	Major Code	Major Description	Application Term/Year	Application Number	Checklist Fees			
	2	Major Code	Major Description	Application Term/Year	Application Number	<input type="checkbox"/> Checklist <input type="checkbox"/> Fees		
		3	Major Code	Major Description	Application Term/Year	Application Number	<input type="checkbox"/> Checklist <input type="checkbox"/> Fees	
			4	Major Code	Major Description	Application Term/Year	Application Number	<input type="checkbox"/> Checklist <input type="checkbox"/> Fees
				5	Major Code	Major Description	Application Term/Year	Application Number

High School Information/GED

If high school course work satisfies the General Education foreign language or computer requirement, an official high school transcript must be provided.

Graduation Date	High School where diploma was received	City, State	GED <input type="checkbox"/> Yes	Ext. Org. ID <input type="checkbox"/> Checklist <input type="checkbox"/> Education
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Colleges or Universities Attended (List each institution once. Provide FICE Code if known.)

List all colleges, universities, and professional schools attended since leaving high school. It is your responsibility to provide official and complete transcripts from each institution attended. Failure to list any higher education institution will result in expulsion from the University.

Education Information

Administrative Use Only

1	FICE Code	Name of Institution			City, State	Ext. Org. ID
	From Date	To Date	Final Term/Year Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	<input type="checkbox"/> Checklist <input type="checkbox"/> Education
2	FICE Code	Name of Institution			City, State	Ext. Org. ID
	From Date	To Date	Final Term/Year Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	<input type="checkbox"/> Checklist <input type="checkbox"/> Education
3	FICE Code	Name of Institution			City, State	Ext. Org. ID
	From Date	To Date	Final Term/Year Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	<input type="checkbox"/> Checklist <input type="checkbox"/> Education
4	FICE Code	Name of Institution			City, State	Ext. Org. ID
	From Date	To Date	Final Term/Year Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	<input type="checkbox"/> Checklist <input type="checkbox"/> Education
5	FICE Code	Name of Institution			City, State	Ext. Org. ID
	From Date	To Date	Final Term/Year Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Received	<input type="checkbox"/> Checklist <input type="checkbox"/> Education

Application for Admission Continued

Test Scores

See College or Department program requirements. Please submit your official test scores to OUHSC (FICE Code 005889)

Test

GRE	Date of Test	DAT	Date of Test	PCAT	Date of Test	TOEFL	Date of Test	<input type="checkbox"/> Checklist <input type="checkbox"/> Test Results
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Licenses and Certifications

Licenses Certifications

1	Name of License or Certificate	Issue Date	License Number	Issued By	Expiration Date	Administrative Use Only	<input type="checkbox"/> Checklist <input type="checkbox"/> Lic/Cert
2	Name of License or Certificate	Issue Date	License Number	Issued By	Expiration Date		<input type="checkbox"/> Checklist <input type="checkbox"/> Lic/Cert
3	Name of License or Certificate	Issue Date	License Number	Issued By	Expiration Date		<input type="checkbox"/> Checklist <input type="checkbox"/> Lic/Cert

Residency (Residency will be initially determined based upon the information provided in your application.)

Residency Policy

<p>The University of Oklahoma Health Sciences Center is a state-supported institution of higher education supported by legislative funds derived from State of Oklahoma tax revenue. As a state tax-supported institution, the University gives preference in tuition to residents of the State of Oklahoma.</p> <p>The University's definition of the term "resident" may be different from the definitions developed by other, non-university agencies. The University does not recognize declarations of resident status made by other agencies. Thus, a person who is an Oklahoma resident for tax or voting purposes is not necessarily a resident for University of Oklahoma Health Sciences Center tuition purposes.</p> <p>Resident status is granted to financially independent adults who are permanently residing in Oklahoma and who have been physically and continuously present in the State of Oklahoma for at least one calendar year prior to the first day of class attendance at any Oklahoma institution of higher education; and who, during this one-year period, resided in Oklahoma for some reason other than primarily to attend classes at a post-secondary educational institution.</p>	<input type="checkbox"/> Addresses <input type="checkbox"/> High School <input type="checkbox"/> Higher Ed <input type="checkbox"/> RESOK <input type="checkbox"/> NONOK <input type="checkbox"/> INTL <input type="checkbox"/> Term/Year
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Affirmation and Signature

Notification to Students: The University of Oklahoma Health Sciences reserves the right at all times to modify admission requirements and to discontinue, modify, or otherwise change its degree programs when it determines it is in the best interest of the University to do so.

The University does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services. The University of Oklahoma Health Sciences Center is in compliance with all applicable Federal and State laws and regulations.

I hereby waive my right of access to recommendation letters in my file. I understand that my choice to waive or not to waive access to recommendation letters will not affect the admission decision. Yes – I waive my right No – I do not waive my right

I understand that all records of my academic performance, at other institutions, submitted to the University of Oklahoma Health Sciences Center become the property of the University and will not be returned to me.

I affirm by my signature that I have furnished all information requested in this application. I understand that submitting any false information to the University, including but not limited to, false transcripts or any information contained on this form, or withholding information about my previous academic history will make my application for admission to the University, as well as any future applications, subject to denial, or will result in expulsion from the University.

Signature (Required)	Date	<input type="checkbox"/> Yes, I authorize the processing of my fees by Credit Card. Name on Front of Card:	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	Card Number	Expiration Date	Credit Card Approval # (Office Use Only)

Administrative Use Only

Total amount of fee processed <input type="checkbox"/> Application Fee (\$40.00) <input type="checkbox"/> College Process Fee(s) _____ <input type="checkbox"/> International Processing Fee (\$25.00)	<input type="checkbox"/> Check <input type="checkbox"/> Int'l Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Processing Notes <input type="checkbox"/> Application Summary <input type="checkbox"/> Proof - Audit
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