

Campus Box 1066 Edwardsville, IL 62026 Phone: 618-650-3956 Fax: 618-650-3854

Springfield [

If you are interested in attending clinical rotations in Springfield, please check this box.

Supplemental Admission Application – Accelerated Option – AUGUST 2012

Applicant Information						
Full Name:						Date:
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Address:	Street Address (note: L	(note: Decision letters will be sent to this address)				nent/Unit #
-	City				State	ZIP Code
Phone: ()	C	ell Phon	e: _	()	
E-mail Address:						
Gender:		Social Security No.:			Ethnicity:	·
	Educatio	n/Transcript Information – Li	st All C	ollege	s/Universitie	es Attended
School:		City/State:				
			YES	NO		
From:	To:	Did you graduate?			Degree:	
School: _		City/State:	YES	NO		
From:	To:	Did you graduate?	TES		Degree:	
School:		City/State:				
			YES	NO		
From:	To:	Did you graduate?			Degree:	
References Please list the names and professional titles of two (2) people that will recommend you for admission. These individuals						
are asked to complete the reference forms on the applicant's behalf (see link on website for reference forms). Professional						
Full Name:			oression tle:	aı		
Company:					Phone:	()
Address: _		_				
Full Name:			ofession tle:	al		
Company:					Phone:	()

Application deadline for the Accelerated Option is April 1, 2012 for August 2012 enrollment.

Application review for the Fall 2012 class will begin January 9, 2012. Students who meet and exceed all admission standards will be admitted on a rolling basis until the Option is full.

Admitted students will be required to pay a **non-refundable** Advance Deposit fee of \$175 which will be applied to the student's tuition billing for fall enrollment. If the student does not enroll, the fee is forfeited.