



Applicant Information

First

Middle

DOB

Gender(optional)

Ma Q

v õ 2||•T(B€, (B€, !ð , @3

<p>Please choose one option below:</p> <p>... U.S. Citizen</p> <p>... U.S. Permanent Resident</p> <p>Country of Citizenship _____</p> <p>Attach photocopy of Permanent Resident Card</p> <p>... Non-U.S. Citizen or Permanent Resident</p> <p>Country of Citizenship _____</p> <p>Visa Type (if applicable) _____</p>	<p>Please check all that apply:</p> <p>† \$ P H U L Q Q R S Q D Y N W L Y H</p> <p>† \$ V L D Q</p> <p>† % O D F N R \$ P \$ H W L F D Q</p> <p>† Hispanic R U / D W L Q R</p> <p>† Native Hawaiian or Other Pacific Islander</p> <p>† : K L W H</p> <p>† 2 W K H U</p>	<p>Are you a veteran of the U.S. Armed Forces?</p> <p>† Yes † No</p>
---	---	--

Prerequisites in progress or to be completed.

List below all courses you are presently enrolled and those courses you plan to complete during the remainder of the academic year. Use additional paper if necessary.

Requirement			Courses in progress or to be completed				
Course No.	Course Name	Cr	Course No.	Course Name	Cr	Term & Year	School
SPE 111	Public Speaking	3	SP 221				

Health, Medical, & Emergency Services Experience

List any healthcare, medical based, and/or emergency services experience you have. Include any direct patient contact responsibilities. (Attach additional sheet if needed)

Organization _____ **Position** _____ **Avg. hours wk/mo:** _____
From _____ **To (mo/yr)** _____ **Direct patient contact?** † Yes † No **How often?** _____
Supervisor: _____ **Contact Phone:** _____
Why is this experience applicable? _____

Organization _____ **Position** _____ **Avg. hours wk/mo:** _____
From _____ **To (mo/yr)** _____ **Direct patient contact?** † Yes † No **How often?** _____
Supervisor: _____ **Contact Phone:** _____
Why is this experience applicable? _____

Organization _____ **Position** _____ **Avg. hours wk/mo:** _____
From _____ **To** _____

Essential Requirements

*

Certification & Authorization

SSN Disclosure and Consent Statement. OIT and OHSU are required to obtain your Social Security Number (SSN) in order to file certain returns with the Internal Revenue Service (IRS) and to furnish a statement to you. The returns that OIT and OHSU must file contain information about qualified tuition and other expenses that are eligible for the federal income tax credit for qualified tuition and other expenses. The returns that OIT and OHSU must file contain information about qualified tuition and other expenses that are eligible for the federal income tax credit for qualified tuition and other expenses. The returns that OIT and OHSU must file contain information about qualified tuition and other expenses that are eligible for the federal income tax credit for qualified tuition and other expenses.