UNT | HEALTH SCIENCE CENTER

SCHOOL OF HEALTH PROFESSIONS

Application for Graduate Certificate in Lifestyle Health

Mail Completed Application to:
UNT Health Science Center, School of Health Professions
Office of the Dean - EAD 402
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 for the past 12 months.

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

_____
Course of Study: Graduate Certificate in Lifestyle Health
Desired Enrollment Year: Fall 20_____ Spring 20_____ Summer 20____

Admissions Requirements

- ☐ The applicant must hold a minimum of a bachelor's degree or its equivalent from an accredited institution
- ☐ To be considered for admission, the applicant must file the following official credentials with the School of Health Professions, Office of the Dean: (see address above)
  - Complete application
  - Application fee (checks or money orders need to be made payable to UNTHSC)
  - Official transcripts of from highest degree or copy of professional license or certificate.

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 written explanation to the School of Health Professions, 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:_____

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 UNT 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 **UNTHSC.**
- Clery Act and Campus Crime Statistics: http://www.hsc.unt.edu/departments/police/statistics.html
- **Admissions Office: phone: 817-735-2762, fax: 817-735-0696, email: shp@unthsc.edu**