



Centers of Excellence Scholars Program

Student Application

Please submit your completed application to the Office of Student Affairs-Room #110

A. General Information: (Please print)

Name (last, first, middle): _____

Date of Birth: _____ SSN#: _____ XU#: _____

Current Telephone #: _____ Alternate Telephone #: _____

Dormitory/Apartment Mailing Address: _____

Home/Permanent Address: _____

E-Mail Address: _____ Permanent Telephone #: _____

Organization Affiliation(s): _____

B. Academic Information:

Classification: P1 P2 P3

Cumulative Grade Point Average:

Current Academic Schedule: (course number, day(s), and time): Please attach a copy

Please use additional typewritten pages for the following information

C. Short Biography: (1 page double-spaced)

D. Program Information:

What do you hope to gain from participation in this program? (1 page double-spaced)

Do you have any previous laboratory or clinical experience?
If yes, please describe that experience.