

**UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF MEDICINE
SUMMER COURSE IN MEDICAL NEUROSCIENCE
APPLICATION FOR ADMISSION
(Please Type or Print)**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Social Security # _____ Citizenship _____

Date of Birth _____ Sex _____ Marital Status _____

E-mail address _____

CURRENT STATUS AS A STUDENT:

_____ Medical _____ Dental _____ Allied Health _____ Graduate _____ Undergraduate

_____ Other; Explain _____

Reason for wanting to take this course _____

Will you be enrolled at the University of South Alabama, College of Medicine in the Fall of 2008? _____

Have you ever had a course in Neuroanatomy/Neuroscience? _____ Yes _____ No

If so when? _____ Did you successfully complete (pass) the course? _____ Yes _____ No

What was the course level? _____ Medical _____ Dental _____ Undergraduate _____ Graduate

I hereby apply for admission into the Summer Neuroanatomy/Neuroscience Course.

Signature _____ Date _____

Administrative Officer at your school to whom course approval should be directed.

NAME _____ TITLE _____

SCHOOL _____ DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I hereby agree to accept a transcript for the Summer Medical Neuroanatomy/Neuroscience Course from The University of South Alabama, College of Medicine for the student named above.

AUTHORIZED SIGNATURE _____ DATE _____

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