

**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 _____

CONTINUED ON BACK

Person to contact in case of emergency (name and phone number):

University last attended: _____
College or school within university: _____
Dates of attendance: _____

My status in the last academic year was:

- | | |
|---|---|
| <input type="checkbox"/> undergraduate student, non pre-professional | <input type="checkbox"/> medical student |
| <input type="checkbox"/> applicant for medical or dental school | <input type="checkbox"/> dental student |
| <input type="checkbox"/> accepted for admission into medical or dental school | <input type="checkbox"/> graduate student |
| <input type="checkbox"/> allied health student | |
| <input type="checkbox"/> other (please specify) _____ | |

This course is to serve as (check all that apply):

- remediation of academic deficiency in medical neuroanatomy/neuroscience
 - decompression of first-year medical school
 - preparation for medical school
 - course requirement for another degree program
 - continuing professional education
 - other _____
- Check here if you wish to receive housing information

Upon completion of this course, my grade is to be sent to the following university:

(GIVE COMPLETE NAME AND MAILING ADDRESS)

Applicant's signature _____ Date _____

This application should be accompanied by a **\$150.00** deposit made payable to the Department of Cell Biology and Neuroscience, University of South Alabama, College of Medicine. The deadline for application and deposit is **June 1, 2009**. The deposit will be applied to the course fee (**\$1,250.00**) or will be returned if the application is denied or acceptance withdrawn by the student prior to **June 7, 2009**. **The deadline** for payment of the remaining balance of the course fee is **June 15**.

A student wishing to apply this course to his/her curricular requirements at another institution must submit a letter of approval from his/her Course Director, Department Chair, Dean of Students or Dean of Academic Affairs.

Priority mail to application to: **Dr. Tony Gard, Course Director** **agard@jaguar1.usouthal.edu**
Voice: 251-460-6770; Fax: 251-460-6771
Summer Neuroscience Course
Department of Cell Biology & Neuroscience
University of South Alabama
307 N. University Blvd., MSB 1201
Mobile, AL 36688

