



MASTERS OF HEALTH SCIENCE, PHYSICIAN ASSISTANT PROGRAM
SUPPLEMENTAL APPLICATION FOR ADMISSION
FALL 2010

Please print or type and answer each question carefully.

Biographical Information

Full Legal Name _____
Last First Middle Maiden

Under what other name(s) might documents be received? _____

*Age _____ *Date of Birth _____ *Place of Birth _____

*Social Security Number _____ *Race _____ *Sex Male Female

*INFORMATION NEEDED FOR STATISTICAL REPORTING TO THE DEPT. OF EDUCATION

Telephone number at which you can be reached between 8:00 am and 5:00pm _____

Home Telephone _____ Cell Telephone _____

Email _____

Permanent Address _____
Street City State Zip

Temporary Address _____
Street City State Zip

Preferred mailing address: Permanent Temporary

Legal residence in what county and what state _____
County State

Employed by _____

Occupation _____ Business Phone _____

Spouse/Guardian _____
Last First Middle Maiden

Mailing Address _____
Street City State Zip

Home Telephone _____ Cell Telephone _____

List individual to contact in case of emergency _____
Name Relationship Phone Number
Street City State Zip

Are you a United States Citizen? Yes _____ No _____ If No, indicate Legal Status _____

Have you previously applied for admissions to South College? Yes No If Yes, When? _____

School or Program _____

How did you learn about the Physician Assistant Program? _____

Education

Undergraduate Degree (List all city, states with dates of Schools and Universities Attended)

College	Address	Dates of Attendance	Degrees Received

Year of Graduation _____

Major _____

Minor _____

GRE Test Information

Have you taken the GRE? Yes No

If Yes, when _____ Results: _____ verbal _____ Quantitative _____ Analytical Writing Sample _____

If No, when do you plan to do so? _____

DO YOU WISH TO APPLY FOR FINANCIAL AID? Yes No

Military Experience

Branch or military _____ Number or years of active duty _____

Date of entrance _____ Date of discharge _____ Type of discharge _____

If you are now on active duty, what is the earliest date you would be available to enter the program? _____

Were (are) you a corpsman (medic) in the service? Yes No

If yes, describe your principal military duties:

Will you be attending under the GI Bill? Yes No

APPLICATION FEE \$50.00 (check made to South College) I certify that all statements made in this supplemental application are complete and true. I understand that every student enrolling at South College agrees to abide by all policies and regulations of the College that may be found in the Student Handbook or in the College Catalog.

I understand and agree that providing false information on this supplemental application is just cause for my dismissal from South College.

Applicant Signature _____

Date _____

Admissions Officer _____

Date _____

Release

At the request of South College, I hereby release the aforementioned firm from any debts, claims, actions, causes of action, demands, suits, and all liabilities whatsoever both in law and in equity, which may result from participation in any telecast or still photography made by or produced by South college.

In doing so, I hereby grant South College the right to use my name, photograph, likeness, or voice in any production connected with the College.

I hereby represent and warrant that I am of full age and have every right to contract in my own name in the above regard. I further state that I have read the above authorization and release prior to its execution and that I am fully familiar with the contents thereof.

Student's Signature Date

Witness' Name Date

Witness' Signature

**This is a supplemental application.
Print this supplemental application and send it directly to:
South College
School of Physician Assistant Studies
3904 Lonas Drive
Knoxville, TN 37909**

**In order to officially apply to the program, please complete your application with CASPA at:
<http://www.caspaonline.org>.**

**Please send all transcripts directly to CASPA.
GRE scores are sent directly to South College (code: 1310)**