



APPLICATION FORM
For Admission or Readmission
Off-Campus Programs in the Health Sciences
School of Medicine and Health Sciences

Please type or print legibly. Answer all questions. Sign and date your application and return to the Office of Admissions, Health Sciences Programs, 900 23RD St. NW Room 6142, Washington D.C. 20037.

1. Social Security Number _____

2. _____
 Last or Family Name First Name Middle Name

Have you ever registered at this or any other institution under a different name? Yes No

If yes, state name(s) _____ Where? _____

3. Current Address _____
 Number, Street & Apartment Number

For USA Address _____ For International Address _____
 City State Zip Country

Address is current until _____
 Month/day/year

Telephone Numbers: _____
 Day Evening

Email: _____

4. Permanent Address _____
 Number, Street & Apartment Number

For USA Address _____ For International Address _____
 City State Zip Country

Address is current until _____ Telephone Number: _____
 Month/day/year

Admissions Information:

5. This application is for: Fall 20__ Spring 20__ Summer 20__

Associate in Sciences:

- Health Science Laboratory Technology Health Sciences for IDCs

Master of Science in Health Sciences

- Immunohematology Oral Pathology
- Oral Biology Periodontics
- Comprehensive Dentistry Prosthodontics
- Endodontics
- Oral Diagnosis, Oral Medicine and Oral & Maxillofacial Radiology

6. Sex: Male Female

7. Date of Birth: _____ Birthplace: _____
 Month/day/year City State Country(if other than USA)

8. (Optional) How would you describe yourself? Please check only one category.
 Black, non-Hispanic Asian or Pacific Islander White, non-Hispanic
 American Indian or Alaskan Native Hispanic

9. Citizenship(if other than a citizen of the U.S.A.) _____
 Country

10. a. Have you ever taken a course at The George Washington University? Yes No
 b. Have you previously applied for admission to this University (degree or non-degree, on or off-campus)? Yes No

