DEPARTMENT OF REHABILITATION STUDIES

College of Allied Health Sciences, 4425 Health Sciences Building Mail Stop 668, East Carolina University Greenville, NC 27858-4353

STUDENT APPLICATION FORM

B.S. in Rehabilitation Services

Please	print or type					
Term o	of Enrollment:		Current GPA:			
1.	Name Ms. Mr (circle)	Last		First	Middle M	aiden
ECU II	D Number		Date of Bir	th:	Phone:	
2.	Local addressStre	et	Apt./Dorm	City	State	Zip
3.	Permanent home add			City	State	Zip
4.	Parent/guardian/spo	use	Name		Relationsh	nip
5.	High school attende	d	Name	City	State	
6.	College or universit	ies attended City/S		Dates Att	ended M	ajor Degree
**Atta 7.	ch or forward copies Scholastic honors or					
8.	Work experience (p)		de related volur			
Emplo	yer	Dates		Address	Ty	ype of Work

9.	(Optional) Are you considered a member of a minority group?YesNo						
	If yes, in what group do you consider yourself to belong?						
	White, not Minority	Black, not of Hispanic origin Hispanic Other (specify)					
	American Indian or Alaskan native						
	Asian or Pacific Islander						
	Person with disabilityYesNo						

Age_____

10. Explain the reasons for your interest in rehabilitation.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____

East Carolina University is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, age, or handicap. Moreover, ECU is open to all people of all races and actively seeks to promote racial integration by recruiting and enrolling a larger number of minority students.