

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 of Enrollment: _____ Current GPA: _____

1. Name Ms. Mr. _____
(circle) Last First Middle Maiden

ECU ID Number _____ Date of Birth: _____ Phone: _____

2. Local address _____
Street Apt./Dorm City State Zip

3. Permanent home address _____
Street City State Zip

4. Parent/guardian/spouse _____
Name Relationship

5. High school attended _____
Name City State

6. College or universities attended _____
Name City/State Dates Attended Major Degree

**Attach or forward copies of college transcripts to Department of Rehabilitation Studies

7. Scholastic honors or distinctions (Indicate High School (HS) or College (C)) _____

8. Work experience (please include related volunteer work and military, if applicable)
Employer Dates Address Type of Work

