



College of Health Sciences
BioMedical Sciences Department

BIOMEDICAL SCIENCES APPLICATION for PROFESSIONAL STUDIES

NAME _____
Last First Middle/Maiden

UWM STUDENT ID # _____ LAST 4 DIGITS of SOCIAL SECURITY #: _____

DATE of BIRTH: _____

UWM E-Mail: _____ PHONE # () _____

ADDRESS _____
Number & Street City State Zip

HOME ADDRESS _____
(if different from above)

EDUCATION: Name of School Location Dates Attended Yr. Graduated

UNIVERSITY _____

JR. COLLEGE/TECHNICAL SCHOOL _____

HIGH SCHOOL _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____
Last First

ADDRESS _____
Street City State Zip

PHONE () _____

EMPLOYMENT HISTORY:

Employer

Position Held

Dates Employed

Any previous clinical lab experience? _____ If yes, where? _____

What capacity? _____ When? _____

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this application is not legally binding on me in any way.

I also understand that, if accepted, and enrolled as a student, I shall be subject to dismissal from the program for poor scholastic and/or technical performance, criminal acts or proved charges of unprofessional conduct.

Signature of Applicant _____ Date _____