

L.E.A.P.

Laredo Early Acceptance Program



Application

Applicant Information

Full Name:

Date:

Last, First M.I.

Address:

Street

City, State, ZIP Code

Phone:

Email:

Program of Interest: RC MLS OT PT

Letters of Recommendation Contact Information

Full Name:

Relationship:

Email:

Phone:

Full Name:

Relationship:

Email:

Phone:

Signature

I certify that my answers are true and complete to the best of my knowledge.

If accepted, I understand that false or misleading information in my application may result in being removed from the program. Further, I give consent for TAMU advisors and Director of Admissions for SHP at UT Health San Antonio to request and access unofficial copies of my transcript from the registrar's office.

Signature:

Date: