

UNIVERSITY OF CONNECTICUT
College of Agriculture and Natural
Resources

DEPARTMENT OF
ALLIED HEALTH SCIENCES

Application
to
Professional Programs

2008

UNIVERSITY OF CONNECTICUT
College of Agriculture and Natural Resources
DEPARTMENT OF ALLIED HEALTH SCIENCES

PROFESSIONAL PROGRAM APPLICATION INSTRUCTIONS - 2008

STUDENT STATUS FOR APPLICATION PROCESS

Any applications described below are to be filed IN CONJUNCTION with the Department of Allied Health Sciences' "Application for Admission to Professional Programs" and be sent to the address indicated – DO NOT SEND THE FOLLOWING FORMS TO THE DEPARTMENT OF ALLIED HEALTH SCIENCES.

Current UNDERGRADUATE STUDENTS at the University of Connecticut:

If you are a current undergraduate matriculated student at UConn, whether at Storrs or any of the regional campuses, you need *only file the Department of Allied Health Sciences application* to be reviewed for admission. No additional application need be filed for admission. However, if you are a matriculated student at a REGIONAL CAMPUS and you are admitted to your program of choice, you must submit a Campus Change Request Form to the Registrar's Office on the Storrs Campus. Check with the Assistant to the Dean's Office at your Regional Campus for application deadline details.

READMITTED STUDENTS: If you have ever attended the University of Connecticut as an undergraduate matriculated student (whether or not you received an undergraduate degree), you are classified for re-entry as a READMITTED STUDENT. Students seeking readmission must first be admissible to the university before an offer of admission can be extended by the Department of Allied Health Sciences. *Therefore, you must file an application for readmission with the Dean of Students Office.* While the readmission deadline for Fall 2008 is July 1, 2008 (August 1, 2008 for Regional Campuses), readmission applications must be on file in the Dean of Students Office by **February 1, 2008** to be considered for admission. Additional information and application may be obtained from:

University of Connecticut
Dean of Students Office
36 Glenbrook Road, Unit 4062
Storrs, CT 06269-4062
(860) 486-3426
www.dosa.uconn.edu (click on "On-Line Forms")

NOTE: Readmitted students are NOT required to file a University of Connecticut Application for Admission.

TRANSFER STUDENTS: If you have never attended the University of Connecticut as an undergraduate matriculated student, but have completed course work at other two (2) or four (4) year accredited colleges or universities, you are classified as a TRANSFER STUDENT. Transfer students must first be admissible to the university before an offer of admission can be extended by the Department of Allied Health Sciences. *Therefore, you must file a University of Connecticut Application for Admission as a transfer student with the University Transfer Admissions Office.* While the university admission deadline for transfer students for Fall 2008 is April 1, 2008, university applications must be on file in the Transfer Admissions Office by **February 1, 2008** to be considered for admission. Additional information and application may be obtained from:

University of Connecticut
Transfer Admissions Office
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088
(860) 486-3286
www.transfer.uconn.edu

GRADUATE STUDENTS AT UCONN/UNDERGRADUATE DEGREE FROM ANOTHER COLLEGE: If you are currently enrolled in graduate studies at the University of Connecticut and received your undergraduate degree from a college other than the University of Connecticut; you are classified as a TRANSFER STUDENT. Transfer students must first be admissible to the university before an offer of admission can be extended by the Department of Allied Health Sciences. *Therefore, you must file a University of Connecticut Application for Admission as a transfer student with the University Transfer Admissions Office.* While the university admission deadline for transfer students for Fall 2008 is April 1, 2008, university applications must be on file in the Transfer Admissions Office by **February 1, 2008** to be considered for admission. Additional information and application may be obtained from:

University of Connecticut
Transfer Admissions Office
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088
(860) 486-3286
www.transfer.uconn.edu

GRADUATE STUDENTS AT UCONN OR ANY OTHER INSTITUTION/UNDERGRADUATE DEGREE FROM UCONN: If you are currently enrolled in graduate studies anywhere and received your undergraduate degree from the University, you are classified as a READMITTED STUDENT. Students seeking readmission must first be admissible to the university before an offer of admission can be extended by the Department of Allied Health Sciences. *Therefore, you must file an application for readmission with the Dean of Students Office.* While the readmission deadline for Fall 2008 is July 1, 2008, readmission applications must be on file in the Dean of Students Office by **February 1, 2008** to be considered for admission. Additional information and application may be obtained from:

University of Connecticut
Dean of Students Office
Wilbur Cross Building, Room 202
36 Glenbrook Road, Unit 4062
Storrs, CT 06269-4062
(860) 486-3426
www.dosa.uconn.edu (click on "On-Line Forms")

NOTE: Readmitted students are NOT required to file a University of Connecticut Application for Admission.

INTERNATIONAL STUDENTS: If you are an International Student, please refer to the special instructions for application in the University Admissions Application. International students must first be admissible to the university before an offer of admission can be extended by the Department of Allied Health Sciences. *Therefore, you must file a University of Connecticut Application for Admission as an International student with the University Transfer Admissions Office.* The University of Connecticut Application submission deadline with the Transfer Admissions Office is **February 1, 2008** for a Fall 2008 admission. It is recommended that prospective students initiate application procedures one year prior to intended start of studies. Additional information may be obtained from:

University of Connecticut
Transfer Admissions Office
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088
(860) 486-3286
www.admissions.uconn.edu/apply/international.php

DEPARTMENT OF ALLIED HEALTH SCIENCES ALTERNATE ROUTE OPTIONS

A) **NON-DEGREE DIETETICS OPTION:** If you have a bachelor's degree from the University of Connecticut or any regionally accredited college or university in the United States, you are eligible for our non-degree alternate route to complete our coordinated program in Dietetics. You need only file the Department of Allied Health Sciences' application. **NO ADDITIONAL APPLICATION NEED BE FILED.** Application to the University of Connecticut Transfer Admissions Office is **NOT** necessary for a non-degree Dietetics student. Preference is given to degree seeking Dietetics students.

B) **OFF-CYCLE DIAGNOSTIC GENETIC SCIENCES OPTION:** If you have completed **ALL** the required prerequisite courses for the Diagnostic Genetic Sciences program (listed on page 10) and will have completed a minimum of seventy-five (75) credits prior to beginning the program, you are eligible for the "off-cycle" class in Diagnostic Genetic Sciences. Additionally, it is strongly recommended that you have completed one or more of the junior/senior requirements prior to beginning the program. Completion of the "off-cycle" course requirements may involve at least one additional summer session to satisfy all upper division course work. Off-cycle students spend only two semesters on campus instead of three, plus the 6-month clinical semester. If you are a **CURRENT UNDERGRADUATE** matriculated student at UConn, whether at Storrs or any of the regional campuses, you need only file a Department of Allied Health Sciences' admission application and supporting documents. If you have never attended the University of Connecticut as an undergraduate matriculated student, but have completed course work at other two (2) or four (4) year accredited colleges or universities, you are classified as a **TRANSFER STUDENT**. Refer to the instructions outlined for transfer students on pages 7 & 8.

C) **OFF-CYCLE MEDICAL TECHNOLOGY OPTION:** If you have completed **ALL** the required prerequisite courses for the Medical Technology programs (listed on page 10) and will have completed a minimum of seventy-five (75) credits prior to beginning the program, you are eligible for the "off-cycle" class in Medical Technology. Additionally, it is strongly recommended that you have completed one or more of the junior/senior requirements prior to beginning the program. Completion of the "off-cycle" course requirements may involve at least one additional summer session to satisfy all upper division course work. If you are a **CURRENT UNDERGRADUATE** matriculated student at UConn, whether at Storrs or any of the regional campuses, you need only file a Department of Allied Health Sciences' admission application and supporting documents. If you have never attended the University of Connecticut as an undergraduate matriculated student, but have completed course work at other two (2) or four (4) year accredited colleges or universities, you are classified as a **TRANSFER STUDENT**. Refer to the instructions outlined for transfer students on pages 7 & 8.

INSTRUCTIONS FOR COMPLETING THE APPLICATION(S)

Application process varies depending on your Student Status for Application:

If you are a: **University of Connecticut Undergraduate** (Storrs and Regional Campuses), **Readmitted Student** or **Non-Degree Dietetics Applicant**: follow directions in PART I (below).

If you are a: **Transfer Applicant**: follow directions in PART II (page 7).

PART I: UNIVERSITY OF CONNECTICUT UNDERGRADUATE (STORRS AND REGIONAL CAMPUSES), READMITTED STUDENT OR NON-DEGREE DIETETICS APPLICANT

1. WHEN TO APPLY:

Students are required to submit a Department of Allied Health Sciences' "Application for Professional Programs" by **February 1**, after completion of at least three (3) semesters of study including the required prerequisites for the program of choice. Each year, review of applications will begin on February 1 and continue until the class is filled. All Allied Health applications become the confidential property of the department and cannot be returned. The Department of Allied Health Sciences WILL NOT provide copies of the application or references. Retain copies for your own files.

2. HOW TO APPLY:

A. APPLICATION: All applicants must complete the Department of Allied Health Sciences' "Application for Professional Programs." Only application forms for the year 2008 will be accepted. Applications from previous years will not be reviewed for admission. Applications will NOT be reviewed unless ALL information is complete.

B. COLLEGE TRANSCRIPTS: All applicants must submit documentary evidence of all collegiate course work completed through the Fall Semester 2007. If you have completed course work at UConn as a matriculated or non-degree student, or if you are applying as a Readmit Student, you **MUST** submit a UConn transcript. An **unofficial UConn transcript** can be obtained by accessing your Peoplesoft account. **INDIVIDUAL SEMESTER GRADE SHEETS ARE NOT ACCEPTABLE.**

If you have completed course work at an institution other than the University of Connecticut, you **MUST** also submit an **official transcript from that school** so that we will have a grade for those courses. **DO NOT** go to the Admissions Office for copies of these transcripts, as they are their "working copies". *These transcripts are not acceptable to the Department of Allied Health Sciences.* No application will be considered without such documentation.

C. RECOMMENDATIONS: Applicants to the Professional programs (Diagnostic Genetic Sciences, Dietetics, and Medical Technology) in the Department of Allied Health Sciences must supply the admissions committee with at least two (2) but no more than three (3) letters of recommendation. One reference **MUST** be an academic reference (faculty/instructor). Recommendation Forms can be obtained on-line by following the link: www.alliedhealth.uconn.edu > Admissions > Recommendation Forms. They should be sealed in an envelope then signed across the seal by the evaluator. It is preferable, when possible, to include sealed letters of recommendation with your application. If this is not possible, they should be sent to the address on page 6. Applicants to multiple programs need only supply two (2) recommendations.

D. PERSONAL STATEMENT: Applicants are required to submit a 500 word personal statement outlining their career goals as they relate to the program of application. Applicants applying to more than one program are required to submit a personal statement for each program. Guidelines to writing a personal statement can be obtained on-line at the following link: www.alliedhealth.uconn.edu >Admissions > Guidelines for Personal Statement.

E. There is NO application fee for the Department of Allied Health Sciences' application.

3. WHERE TO APPLY:

SUBMISSION: applications must be submitted no later than **February 1, 2008**. All supporting materials (transcripts, recommendations, personal statement, etc.) must be submitted no later than February 1, 2008.

BY MAIL:

University of Connecticut
Department of Allied Health Sciences
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101
(Must be postmarked by February 1st)

IN PERSON:

Koons Hall
Department Main Office
Room 228

NOTE: All acceptances to the Department of Allied Health Sciences are conditional and contingent upon the successful completion of all prerequisite courses and continued good academic standing through the spring and summer 2008 semesters. Failure to successfully complete prerequisites or failure to maintain good academic standing may be cause for revocation of offer of admission.

DEPARTMENT OF ALLIED HEALTH SCIENCES CHECKLIST

- _____ Application for Professional Programs
- _____ Either LEGIBLE unofficial or official UConn transcript
- _____ Official transcript from all other colleges or universities (if applicable)
- _____ Two (2) letters of recommendation
- _____ Personal Statement (one for each program you are applying to)

- _____ Readmit Students: Also complete Readmission Application (see page 2)
- _____ Regional Campus Students: Also complete Campus Change Request Form (see page 2)

PART II: INSTRUCTIONS FOR TRANSFER APPLICANTS

Application for transfer students is a **TWO STEP** process: STEP I: Application to the University of Connecticut; **Applicants must FIRST be admissible to the University before an offer of admissions can be extended by the Department of Allied Health Sciences.** STEP II: Application to the Department of Allied Health Sciences. You are establishing *two separate and distinct admission files* with these two steps.

Materials submitted either to the Transfer Admissions Office (Step I) or to the Department of Allied Health Sciences (Step II) **CANNOT** be shared. Students **MUST** send appropriate materials to **EACH** office. The Department of Allied Health Sciences reviews all transfer applications to the department and makes its recommendations to the University's Transfer Admissions Office that has actual authority to grant or not grant admission to the University. The Department of Allied Health Sciences' application deadline is **February 1st**, regardless of the fact that the University transfer application deadline is April 1st. Therefore, applicants must have their complete University transfer application on file in the Transfer Admissions Office by **February 1st**.

Applications will be reviewed until all classes are filled. All Department of Allied Health Sciences' applications become the confidential property of the department and cannot be returned. The Department of Allied Health Sciences **WILL NOT** provide copies of the application or recommendations. Retain copies for your own files. Applications will **NOT** be reviewed unless **ALL** information is complete.

STEP I: HOW TO APPLY TO THE UNIVERSITY OF CONNECTICUT:

All transfer students who have never attended the University of Connecticut as a matriculated undergraduate student must complete the **University Application for Admission**. The University Application may be obtained on-line at www.transfer.uconn.edu or call (860) 486-3287. The University Application must be sent to the address below **NOT** to the Department of Allied Health Sciences. No transfer applicant will be considered without a University Application for Admission on file. The University Application along with the application fee must be submitted no later than **February 1st** to:

University of Connecticut
Transfer Admissions Office
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088
www.transfer.uconn.edu

NOTE: An **official** high school record and **official** college transcripts **including** Fall 2007 grades must be sent directly from your high school and each college attended to the Transfer Admissions Office at the address above. **Unofficial copies will not be accepted.** No applicant will be considered for admission without this documentation.

STEP II: HOW TO APPLY TO THE DEPARTMENT OF ALLIED HEALTH SCIENCES:

A. APPLICATION: All transfer applicants to the Department of Allied Health Sciences **MUST** complete the Department of Allied Health Sciences' "**Application for Professional Programs.**" Only application documentation for the year 2008 will be accepted. Applications from previous years **will not** be reviewed for admission.

B. COLLEGE TRANSCRIPTS: All applicants must submit documentary evidence of **ALL** collegiate course work through the Fall semester 2007. No applicant will be considered without up to date college transcripts. The transcripts **MUST BE** official. **SEMESTER GRADE SHEETS ARE NOT ACCEPTABLE.**

C. RECOMMENDATIONS: Applicants to the Professional programs (Diagnostic Genetic Sciences, Dietetics, and Medical Technology) in the Department of Allied Health Sciences must supply the admissions committee with at least two (2) but no more than three (3) letters of recommendation. One reference **MUST** be an academic reference (faculty/instructor). Recommendation Forms can be obtained on-line by following the link: www.alliedhealth.uconn.edu > Admissions > Recommendation Forms. They should be sealed in an envelope then signed across the seal by the evaluator. It is preferable, when possible, to include sealed letters of recommendation with your application. If this is not possible, they should be sent to the address below. Applicants to multiple programs need only supply two (2) recommendations.

D. PERSONAL STATEMENT: Applicants are required to submit a 500 word personal statement outlining their career goals as they relate to the program of application. Applicants applying to more than one program are required to submit a personal statement for each program. Guidelines to writing a personal statement can be obtained on-line at the following link: www.alliedhealth.uconn.edu >Admissions > Guidelines for Personal Statement.

E. There is NO application fee for the Department of Allied Health Sciences' application.

F. SUBMISSION: Applications must be submitted no later than **February 1, 2008**. All supporting materials (transcripts, recommendations, personal statement, etc.) must be submitted no later than February 1, 2008.

BY MAIL:

University of Connecticut
Department of Allied Health Sciences
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101
(Must be postmarked by February 1st)

IN PERSON:

Koons Hall
Department Main Office
Room 228

NOTE: All acceptances to the Department of Allied Health Sciences are conditional and contingent upon the successful completion of all prerequisite courses and continued good academic standing through the spring and summer 2008 semesters. Failure to successfully complete prerequisites or failure to maintain good academic standing may be cause for revocation of offer of admission.

ITEMS TO BE SENT TO:

**DEPARTMENT OF ALLIED HEALTH SCIENCES
CHECKLIST**

UNIVERSITY OF CONNECTICUT
Department of Allied Health Sciences
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101

- _____ Application for Program
- _____ Official transcript from all colleges or Universities (if applicable)
- _____ Personal Statement
- _____ Two (2) letters of recommendation (if applicable)

**TRANSFER ADMISSIONS
CHECKLIST**

UNIVERSITY OF CONNECTICUT
Transfer Admissions Office
2131 Hillside Road, Unit 3088
Storrs, CT 06269-3088

- _____ University Application
- _____ Application fee
- _____ Official High School Record
- _____ Official College Transcript

NOTE: All acceptances to the Department of Allied Health Sciences and to the University of Connecticut are conditional and contingent upon the maintenance of good academic standing. All course work in progress at the time of application (both required prerequisites and electives needed to complete a minimum sixty (60) credit hours) must be satisfactorily completed for transfer to the University of Connecticut.

PREREQUISITE COURSE WORK CHECKLISTS

Below is a list of prerequisite courses required by each of the professional programs in the Department of Allied Health Sciences. You **MUST** complete the prerequisite course work checklist for **EACH** program that you have applied to on page 9. If the appropriate prerequisite course work checklist(s) are not completed below, your application will NOT be reviewed by that program.

The University of Connecticut requires that all students must complete University-wide general education requirements (applicants to the Non-degree Dietetics option described on page 4 are exempt from these requirements). To obtain information about general education University requirements, consult the University catalog which may be obtained from the University Admissions Office or the web at: www.registrar.uconn.edu and click on Undergraduate Catalog. You must have a minimum of sixty (60) credits for admission to the junior year. The minimum sixty (60) credits **MUST** include the individual program prerequisite work and University general education requirements.

NOTE: Students typically complete all program requirements (see table below) prior to admission. However, some applicants may need to utilize the summer 2008 to complete requirements. In such cases, plans of study should be discussed with the program director prior to application. Admission may be contingent upon work completed in the summer 2008.

In the space before each course listed below, record:

MONTH & YEAR COMPLETED (i.e. 12/07) - If course has been completed at the time of application

SP - If course will be completed during Spring semester 2008

SM - If course will be completed during Summer semester 2008

DIAGNOSTIC GENETIC SCIENCE	DIETETICS	MEDICAL TECHNOLOGY
_____ General Chemistry I w/lab	_____ General Chemistry I w/lab	_____ General Chemistry I w/lab
_____ General Chemistry II w/lab	_____ General Chemistry II w/lab	_____ General Chemistry II w/lab
_____ Organic Chemistry w/lab	_____ Organic Chemistry w/lab	_____ Organic Chemistry w/lab
_____ Biochemistry w/lab	_____ Biochemistry w/lab	_____ Biochemistry w/lab
_____ Math	_____ Anatomy & Physiology I w/lab	_____ Math
_____ Statistics	_____ Anatomy & Physiology II w/lab	_____ Statistics
_____ General Biology I w/lab	_____ Statistics	_____ General Biology I w/lab
_____ General Biology II w/lab or Biology option	_____ Sociology (6 cr. of Psychology may be substituted)	_____ General Biology II w/lab or Biology option
	_____ Nutritional Science (Food & Nutrition)	

PLEASE PRINT CLEARLY WHEN COMPLETING ALL SECTIONS OF THIS APPLICATION. THANK YOU.

1. PERSONAL DATA

A). Full Name: _____
Last First M.I. SOCIAL SECURITY #

FORMER NAME (if applicable): _____ EMPL ID (Peoplesoft): _____
(UConn students only)

EMAIL ADDRESS: _____
(UConn students please use UConn email address)

PERMANENT ADDRESS: _____

City State Zip

HOME TELEPHONE () _____

SCHOOL/TEMPORARY ADDRESS: _____

City State Zip

SCHOOL/TEMPORARY TELEPHONE () _____

For your admission decision, which do you prefer as a mailing address? _____ Permanent Address
_____ School or Temporary Address

B). DATE OF BIRTH: _____

C). GENDER Male Female

D). ETHNIC BACKGROUND (for statistical purposes only)

- Asian or Pacific Islander/American
- American Indian or Alaskan Native/American
- Black Non-Hispanic American
- Non-Resident Alien (International students use this category.)
- Other Hispanic or Spanish-Surnamed American (please specify): _____
- Puerto Rican
- White Non-Hispanic American
- Multiracial (please specify): _____
- Other (please specify): _____

E). International Students must provide the following information:

- a. Country of Birth: _____
- b. Country of Citizenship: _____
- c. Country of (Permanent) Residence: _____
- d. Address in Home Country: _____

2. ADMISSION DATA

A). I have previously applied to the Department of Allied Health Sciences at the University of Connecticut.

___ Yes ___ No If yes, list program and date(s) for which applications were filed: _____

Depending on your application status, please complete either item B or C below:

B). According to the information supplied on pages 2 and 3 in the section entitled: "Student Status for Application Process" I am classified as (circle one):

- Undergraduate student at the University of Connecticut
- Readmitted Student
- Transfer Student
- International Student

C). According to the information supplied on page 4 in the section entitled: "Department of Allied Health Sciences Alternate Route Options," I am applying for the following option (if applicable):

- Non-Degree Dietetics
- Off-Cycle Diagnostic Genetic Sciences
- Off-Cycle Medical Technology

3. ACADEMIC DATA

A). If you are a *current* University of Connecticut student, please complete the information below; Otherwise proceed to item B.

Current Program/Plan: _____ Current Campus: _____

B). List all educational institutions beyond high school level (in the order in which you attended them). Include **OFFICIAL** transcript for each institution attended.

Name of Institution	Location	Dates Attended	
		From (MO-YR)	To (MO-YR)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C). Applicants holding professional credentials and/or academic degrees.

1. Professional licensure or certification held: _____

2. Academic Degrees held:	Date Completed:
____ Associate _____ Major	_____
____ Bachelor _____ Major	_____
____ Masters _____ Major	_____

4. EXTRACURRICULAR ACTIVITIES INCLUDING HIGH SCHOOL (community service, leadership, membership in professional organizations, clubs, intramural or varsity sports, music, church or civic activities, etc.) Attach an additional sheet if needed.

Activity	Dates	Brief Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

5. EXPERIENCE: Identify experiences appropriate to each category. If you have no experience in a particular category, indicate this with the use of the word “NONE.” PLEASE INCLUDE EXPERIENCE OBTAINED DURING HIGH SCHOOL. Attach an additional sheet if needed.

A. Employment:

Position	Institution/ Agency	Dates	Location	Contact
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

B. Observation/Volunteer Experience:

Position	Institution/ Agency	Dates	Location	Contact
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

C. Professional Workshops or Continuing Education Courses attended:

Activity	Dates	Brief Description
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

6. RECOMMENDATIONS: Applicants to the Professional programs (Diagnostic Genetic Sciences, Dietetics, and Medical Technology) in the Department of Allied Health Sciences must supply the admissions committee with at least two (2) but no more than three (3) letters of recommendation. One reference **MUST** be an academic reference (faculty/instructor). Recommendation Forms can be obtained on-line by following the link: www.alliedhealth.uconn.edu > Admissions > Recommendation Forms. They should be sealed in an envelope then signed across the seal by the evaluator. It is preferable, when possible, to include sealed letters of recommendation with your application. If this is not possible, they should be sent to the address on page 6. Applicants to multiple programs need only supply two (2) recommendations.

7. PERSONAL STATEMENT: Applicants are required to submit a 500 word personal statement outlining their career goals as they relate to the program of application. Applicants applying to more than one program are required to submit a personal statement for each program. Guidelines to writing a personal statement can be obtained on-line at the following link: www.alliedhealth.uconn.edu >Admissions > Guidelines for Personal Statement.

8. OFFICIAL TRANSCRIPTS: If applicable, applicants must provide an official transcript for all institutions attended. Application is not complete without this documentation.

9. PROVIDE ANY OTHER INFORMATION THAT YOU FEEL SHOULD BE CONSIDERED BY THE ADMISSIONS COMMITTEE (use only space provided).

If there have been any unusual occurrences in your academic background, this is the appropriate section to address them. For example, if an illness or family problem has had an adverse effect on your academic progress or success, an explanation should be offered. It is important to stress positive steps taken since that time.