2012-2013
SCHOOL OF HEALTH AND HUMAN SCIENCES
Application Form

FULL NAME: _____ Date: _____

(last) (first) (middle)

Student ID Number: _____

Permanent Address: _____

_____

(city) (state) (zip)

UNCG E-mail: _____ Off-campus E-Mail_____

Local Telephone Number: _____

Classification (circle one): FR SOPH JR SR GRAD

Expected Graduation Date: _____ Current GPA: _____

Department & Major Concentration: _____

Advisor: _____

Please note:

- Different Research Awards require different types of information. Please read carefully! Incomplete or incorrect applications will not be considered!

Submit your completed application to:

Dean's Office, School of HHS
401 HHP Building

For more information, contact: Kathleen Williams, Associate Dean for Undergraduate Programs, School of HHS