



The University of Texas Rio Grande Valley

BBRHB 1.101 One University Blvd. Brownsville, Texas 78520 956-882-7383

**DEPARTMENT OF HEALTH AND BIOMEDICAL SCIENCES PROGRAM APPLICATION**

This application is for admission in to the program beginning Fall (Year) \_\_\_\_\_

Program to which you are applying:

☐ Bachelor of Science in Biomedical Sciences (BMED-4 year degree)

**I. PERSONAL INFORMATION (TYPE OR PRINT LEGIBLY)**

UTRGV ID \_\_\_\_\_

Name \_\_\_\_\_ Sex: ☐ Female ☐ Male  
Last First M.I.

**Race/ Ethnicity:**

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not of Hispanic Origin ☐ Hispanic

☐ White, not of Hispanic Origin ☐ Multi-racial ☐ Other

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_

UTRGV Email address \_\_\_\_\_

Personal Email address \_\_\_\_\_

Street address \_\_\_\_\_ Apt. /Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

How did you learn about this program? ☐ Flyer, poster, etc. ☐ HS Teacher ☐ HS Counselor ☐ University advisor  
☐ Student Coordinator ☐ Website ☐ Friend Other \_\_\_\_\_

## II. EDUCATIONAL BACKGROUND

High School Name \_\_\_\_\_

Address \_\_\_\_\_

Graduation date or expected graduation date? \_\_\_\_\_ Overall GPA \_\_\_\_\_

Rank \_\_\_\_\_ out of \_\_\_\_\_ graduating students.

SAT/ACT Composite Score \_\_\_\_\_ Date Taken \_\_\_\_\_

Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

Are you a transfer student? ☐ Yes ☐ No

If yes, please fill in details below.

Transferred from (University/Collegename) \_\_\_\_\_

Address \_\_\_\_\_

Transfer Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_ Current Major \_\_\_\_\_

Do you obtain Biology I and /or Biology II credit: ☐ Yes ☐ No

If so, which credit do you obtain: ☐ Bio I ☐ Bio II

Are you currently enrolled at this (University / College ) for the current semester: ☐ Yes ☐ No

Are you a current UTRGV student? ☐ Yes ☐ No

If yes, please fill in details below.

Date accepted \_\_\_\_\_

College Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_ Current Major \_\_\_\_\_

Anticipated graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you obtain Biology I and /or Biology II credit: ☐ Yes ☐ No

If so, which credit do you obtain: ☐ Bio I ☐ Bio II

Are you currently enrolled at UTRGV for the current Semester : ☐ Yes ☐ No

Do you have any prior credits from another College/University? ☐ Yes ☐ No

If yes, please fill in details below.

University/College name \_\_\_\_\_

Address \_\_\_\_\_

Completed Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

Do you obtain Biology I and /or Biology II credit: ☐ Yes ☐ No

If so, which credit do you obtain: ☐ Bio I ☐ Bio II

Are you currently enrolled at this College/ University for the current Semester? ☐ Yes ☐ No

**Indicate your future career plans:**

☐ Medical school ☐ Dental ☐ Physician Assistant (P.A.) ☐ Pharmacy ☐ Veterinary School

☐ Graduate school(M.S. /Ph.D.) ☐ Other \_\_\_\_\_

### III. APPLICATION CHECKLIST

- ☐ Completed and signed application
- ☐ SAT/ACT score (copy or image will suffice and student name must be visible)
- ☐ Unofficial High school transcript
- ☐ Unofficial college transcript(s) (if applicable)
- ☐ Student Information Survey form

### IV. DISCLAIMER AND SIGNATURE

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

If this application leads to acceptance into the BMED Program, I understand that false or misleading information in my application may result in disqualification and dismissal from the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you have questions regarding prerequisites, please contact:**

**The Department of Health and Biomedical Sciences**

956-882-7383

healthandbiomedicalsciences@utrgv.edu