

Your Name 🗘 ▼





Texas Health and Science University - Application

Intended Start Date*:
Spring 2022 (01/04/2022)
General Information
First Name
Last Name
Gender
Race/Ethnicity
Marital Status
Birth Date
mm/dd/yyyy
Phone Number
International Phone Number (if applicable)
E-mail
admissions2+445@thsu.edu
Best time to contact

Preferred Co	ontact Method
Email	
ΓHSU Ap	plication for Admission for:
Please type	your initials below.
Program He	ere-
Гуре your	initials here
Please initia	
Texas He	alth and Science University
Please fill ou blease type	t all required fields. If a field does not apply to you n "N/A"
_	
General I	nformation
General I Apply Date	
Apply Date	
Apply Date	
Apply Date Campus: *	
Apply Date Campus: *	*
Apply Date Campus: * Enroll In: *	*
Apply Date Campus: * Enroll In: *	*
Apply Date Campus: * Enroll In: * First Name	*
Apply Date Campus: * Enroll In: * First Name	*

EDlumina Preferred Phone: * Alternate Phone: Email: * Street: * City: * State/Province: * Zip/Postcode: * Country: * Birth Date: (mm/dd/yyyy) * Social Security Number: (xxx-xx-xxxx); if you are not a US citizen, enter all zeroes * Driver's License/State ID Number: Are you a U.S. Citizen? *

f no, list visa or residency status:	
Country of Birth: *	
Did you complete high school in the United States? *	
Passport Number:	
ducation Background	
1. School or College: *	
	_
City & State: *	
Degree & Major: *	
2. School or College:	
City & State:	
Degree & Major:	
3. School or College:	
City & State:	
City & State:	

Degree & Major:
Have you completed any degrees? If so, list them below: *
Referral Source
How did you first learn about THSU? *
Tuition Payment Information
How will you pay tuition?
☐ Full Payment
 Installment Payments (Not available for international students)
Financial Aid (For those who qualify; US Citizens and Permanent Residents)
☐ Veteran Benefits
Other
Emergency Contact
Contact Name: *
Relationship: *
Hone Phone: *
Cell Phone: *
Street: *

	EDlumina
City: *	
State: *	
Signature	
After digitally signing, click "Apply Signature" before submitted your application.	ing
I,, I attest that, to the best of my knowledge all statements made in this application are complete and true understand that any falsification as well as failure to submit a required documents may result in denial of this application, my subsequent dismissal from Texas Health and Science University. I also understand that by typing my name in the above signature box, I am officially signing my application for admission.	e. I all or
After digitally signing, click "Apply Signature" before submitting your application.	Click "Apply Signature" before submitting the application!
Your signature here (with your computer mouse, finger, or track pad on a laptop depending on your device)	
Apply Signature Clear Signature	

Cancel Enrollment SAVE & FINISH LATER SUBMIT

COMPLETE & SUBMIT APPLICATION