



12. List all colleges and universities that you have attended. List the most recent college/university first and provide dates of attendance. Please provide copies of all transcripts from the schools listed.

Name of Institution	City and State	Dates	Major	Credits Completed or Degree Received
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13. Employment: List most recent first.  
Organization

Position

Full/Part Time

Dates

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14. Please attach an essay on one page (handwritten or typed) explaining the reason for your interest in this health career.

PLEASE NOTE THAT ALL CREDENTIALS FILED IN SUPPORT OF THE APPLICATION BECOME PROPERTY OF TEMPLE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS AND ARE NOT RETURNABLE TO THE APPLICANT.

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal, or other disciplinary action if they are subsequently discovered.

Signature

Date