



**Texas Tech University Health Sciences Center Re-Admission Student Application**  
**School of Allied Health Sciences**  
**Personal Information**

Please place an "X" to the left of the program in which you would like to be re-admitted to.

- |  |  |
|--|--|
| <input type="checkbox"/> Athletic Training                     | <input type="checkbox"/> Occupational Therapy          |
| <input type="checkbox"/> Speech, Language and Hearing Sciences | <input type="checkbox"/> Physical Therapy              |
| <input type="checkbox"/> Speech-Language Pathology             | <input type="checkbox"/> Clinical Practice Management  |
| <input type="checkbox"/> Audiology                             | <input type="checkbox"/> Physical Therapy - Post Prof. |
| <input type="checkbox"/> Rehabilitation Counseling             | <input type="checkbox"/> Physician Assistant           |
| <input type="checkbox"/> Molecular Pathology                   | <input type="checkbox"/> Clinical Services Management  |
| <input type="checkbox"/> Clinical Laboratory Science           |  |

Please place an "X" to the left of the term in which you would like to be re-admitted.

- Fall  
 Spring  
 Full Summer

## Signature Agreement

My signature is an agreement with Texas Tech University Health Sciences Center and the School of Allied Health Sciences indicating that I intend to complete all in-progress or planned course work as stated and will immediately notify the School in writing of any changes that may occur. I certify that the information on this form is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I further certify that the foregoing statements are true, complete and correct.

Signature

Date

Send this application form along with the oath of residency and updated transcripts to:

**Texas Tech University Health Sciences Center**  
**Office of the Registrar - School of Allied Health Sciences**  
**3601 4<sup>th</sup> Street MS 8310**  
**Lubbock, TX 79430-8310**  
**(806) 743-2300**