

Supplemental Application

I.	Personal 1	Information										
Entering Year 2019	Social Securit	Social Security Number Last		Name	First Na		Middle Name					
Program		CAS ID				Date of Birth (MM-DD-YYYY)						
OT	PA P	T SLP										
Current Street A	ddress				Current	City, State, and Zip	p					
Country of Birth	1				Previous Name(s)							
II. Residency Information												
Are you a U.S. o	citizen? If no	o, country of citizenship?	•	Type of V	/isa	Visa Expiration	Resident A	Alien ID				
Yes	Yes No											
Have you previo	Have you previously applied for admission to UT Health San Antonio? If yes, list program and date of application.											
	Yes		No	Program Date								
			in classes	, did you att	tend or ar	e you attending a pr	ublic college or	university in Texas in a fall or				
spring term (excluding summer)? Yes (If yes, complete 1b-e) No (If no, skip to question 2)												
1b. What Texas public college or university did you last attend (full name)? 1c. In which term were you last enrolled (excluding summer)?												
Fall Spring Year												
1d. During your	last semester at	a Texas public college o	r universi	ty, did you	pay resid	ent (in-state) or non	resident (out-o	f-state) tuition?				
	lent (in-state)			Nonreside	,	,		Unknown				
1e. If you paid in-state tuition at your last institution, was it because you were classified as a Texas resident or because you were a nonresident who received a waiver?												
2 05 1	• 1	Resident			Nonresio	lent with a waiver		Unknown				
2a. Of what state	e are you a resid	ent?										
2h Did you live	in Texas for at l	least 36 consecutive mor	oths hefore	e oraduatino	from a r	public or private Te	vas high school	or completing a GFD?				
20. Dia you nve	in reads for at		inis octor	from a public or private Texas high school or completing a GED?								
2c. When you be	egin the semeste	Yes or for which you are apply	ying, will	No you have li	ved in Te	xas for the previous	s 12 consecutive	e months?				
•		Yes		No		-						
III. Planned or In Progress Coursework If needed, attach a separate document to include all coursework.												
Your Course	T == =:	urse Name		Your Cou		Your Semester	T	ourse Institution				
Number				Year		Enrolled						



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IV. GRE (Graduate Readiness Exam)												
I have NOT taken the GRE, but plan to take the exam on:												
Attempt		1 st		2 nd		3 rd	3 rd					
Date GRE Taken												
Overall GRE Score												
Verbal GRE Score												
Quantitative GRE Score												
Analytic Writing GR	RE Score											
V. Payment of the Supplemental Application Fee												
Pay the Supplemental Application Fee of \$60 online at https://commerce.cashnet.com/uthscsasf .												
VI. Submission of the Supplemental Application												
Attach this completed form as a PDF directly onto your CAS application, under the Program Materials Documents Other Section.												
VII. Signature												
I hereby certify that any statements submitted in conjunction with this application are true.												
Signature					Date Signed							