L.E.A.P.
Laredo Early Acceptance Program

Requirements

To be considered for this opportunity, applicants must meet the following requirements:

□ Earn a minimum Overall GPA of 3.2 and Overall Science GPA of 3.2 at Texas A&M International University (TAMIU)
□ Complete 24 semester credit hours, including 12 semester credit hours in specific science and math prerequisite courses at TAMIU during the first year of enrollment
□ Complete 20 hours of working, volunteering, shadowing, or observing in a health care setting corresponding to the selected graduate program. **Shadowing is waived for 2021 entry due to COVID.

Instructions

Applicants must submit these documents by the application deadline to benavidezm2@uthscsa.edu:

□ L.E.A.P. application
□ Unofficial transcript from TAMIU
□ Two letters of recommendation, specifically from the TAMIU pre-health advisor and a professional in the selected program field
□ Resume
□ Personal essay
  • 2-page limit
  • Describe what motivates you to pursue an education and career in your program of interest. Discuss your goals, academic achievements, and personal experiences.

Contact Us

Texas A&M International University
Gloria Perez, Academic Success Coach
College of Arts & Sciences
gloria.perez@tamiu.edu, 956-326-2615

Michael Kidd, Associate Professor & Chair
Department of Biology & Chemistry
michael.kidd@tamiu.edu, 956-326-2585

APPLICATION CYCLES:
SEPTEMBER 1 – DECEMBER 1
JANUARY 15 – APRIL 15
L.E.A.P.
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Application

Applicant Information

Full Name: ____________________________ Date: ________________
Last, First M.I.
Address: ________________________________
Street
City, State, ZIP Code
Phone: __________ Email: __________

Program of Interest: □ RC □ MLS □ OT □ PA □ PT

Letters of Recommendation Contact Information

Full Name: ____________________________ Relationship: ________________
Email: __________ Phone: __________

Full Name: ____________________________ Relationship: ________________
Email: __________ Phone: __________

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

If accepted, I understand that false or misleading information in my application may result in being removed from the program. Further, I give consent for TAMU advisors and Director of Admissions for SHP at UT Health San Antonio to request and access unofficial copies of my transcript from the registrar’s office.

Signature: ________________ Date: ________________