

UNIVERSITY OF SOUTH DAKOTA GRADUATE SCHOOL



UNIVERSITY OF
SOUTH DAKOTA

HEALTH SCIENCES APPLICATION

This application along with a \$35.00 fee is required to complete your graduate application at the University of South Dakota. Applications must be submitted electronically. Upload the application and choose your method of payment at the following link: <https://www.usd.edu/grad/apply>. For the complete application instructions, please visit <http://www.usd.edu/health-sciences/academic-programs.cfm>

To which Health Sciences program are you applying?

Physical Therapy Occupational Therapy Physician Assistant Studies

Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Are you a U.S. citizen? Yes No If yes, what is your state of residency? _____ How long? _____

To be classified as a South Dakota resident student you must meet the following criteria: 1. You have continuously resided in South Dakota for at least twelve consecutive months immediately preceding the first scheduled day of classes at a SD institution of higher learning and you have not attended any classes offered by a state university in the regental system during those 12 months OR 2. You are under 21 years of age and follow the residence of my parent(s) or legal guardian(s) and at least one of your parents is a resident of SD OR 3. You or your spouse or your parent/legal guardian is in the military and has maintained SD as his/her Home of Record during the last 12 months OR 4. You were a SD resident at the time of high school graduation and lived with a parent or legal guardian who was also a SD resident AND you will begin classes no later than the fall semester of the seventh year following your graduation from a SD high school AND your parent(s) or legal guardian(s) have lived continuously in SD since your graduation through the first time you attend classes.
For exceptions see: www.usd.edu/registrar

In order to comply with the University of South Dakota and Federal Policies of equal opportunity for members of minority groups, we invite you to designate any minority group status with which you feel identified. This information is voluntary.

Racial/Ethnic Group: White Black Asian American Indian Hispanic Other

I certify that I have been awarded a Baccalaureate Degree from the following: (please list additional degrees; attach a separate sheet if necessary)

Institution	Location	Date Earned	Degree Earned

How did you learn about this program? _____

I certify that the above information is true and correct and I understand that the inclusion of false information may lead to denial to the program and/or denial of any credit awarded.

Signature _____

Date _____

The University of South Dakota is an Equal Opportunity Employer and Educational Institution. The University prohibits discrimination in employment and in its educational programs and activities on the basis of race, color, creed, national origin, ancestry, citizenship, gender, sexual orientation, religion, age or disability. For additional information on equal opportunity policies, contact: Office of Equal Opportunity and Diversity, 414 East Clark Street, Vermillion, SD 57069 or phone at 605-677-5651.



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