

## SUPPLEMENTAL APPLICATION

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Name of Applicant: \_\_\_\_\_ Student ID# \_\_\_\_\_  
or Date of Birth: \_\_\_\_\_

**Please answer the following questions. Limit your responses to one typed page per question.**

1. Briefly describe your research interests and research experiences (e.g., as a research assistant; any research paper or poster presentations, publications, honors or masters theses, etc.)
2. Briefly describe your interest and experience within our four content themes: practice, scholarship, teaching and leadership. How will the knowledge and skills developed contribute to your career goals?
3. What are your goals upon completion of your Ph.D. in health sciences?
4. Review the research interests of our eligible dissertation advisors from this [list](#). Identify up to three individuals from that list and describe why you have chosen each as a potential research mentor and advisor.

5. Have you ever had a professional license revoked or disciplinary action taken on a license?    Yes    No

If yes, please explain. \_\_\_\_\_  
Please submit a copy of your current license to practice, if applicable to your discipline.

6. Have you ever been denied membership in a professional organization?    Yes    No

If yes, please explain. \_\_\_\_\_

7. Have you ever been convicted of a felony?    Yes    No

If yes, please explain. \_\_\_\_\_

8. Are you current USD faculty?    Yes    No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach this sheet to your responses and include in your application packet.  
Return the completed application packet by March 1 to:**

The Graduate School  
University of South Dakota  
414 East Clark Street, Vermillion, SD 57069  
[www.usd.edu/grad](http://www.usd.edu/grad) | E-mail: [grad@usd.edu](mailto:grad@usd.edu)