



O. PRE-PROFESSIONAL UNDERGRADUATE EDUCATION

NAME OF INSTITUTION	DATES OF ATTENDANCE ____/____/____ Month Day Year	CREDIT HOURS <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Course Hours
LOCATION (City and State)	____/____/____ Month Day Year	
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P. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

I certify that the information recorded herein is true and correct according to the official records of this institution.

\_\_\_\_\_

Print Name of School Official

\_\_\_\_\_

Signature of School Official

\_\_\_\_\_

Title

\_\_\_\_\_

Date

SCHOOL SEAL OR NOTARY SEAL

**NOTE:** If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature of Notary Public

**ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.**