



Selma University Allied Healthcare Application

A. W. Wilson Science Building
1501 Lapsley Street
Selma, AL 36701
(334) 872-0497



Personal Information

FALL/SPRING/SUMMER _____

Name: _____
Last First Middle Maiden

Address: _____
Street City/State Zip

Social Security Number: _____ Phone: () _____ (home)

Date of Birth ____ / ____ / ____ Alternative: () _____ (cell)

Ethnic Background _____ Marital Status _____ Gender _____

Education

High School: _____ Graduation Date: _____
or GED Date _____

College/University

Name	Location	Dates Attended	Degree Earned

Program: Associate Health Science (Nursing Care) Associate Health Science (Phlebotomy Care)
 Nursing Assistant Certificate Phlebotomy Technician Certificate EKG Technician Certificate

Initial and Sign

1. I understand that I am required to complete and render all necessary documents for enrollment and admission to the University and Allied Health Program. _____
2. I consent for drug testing for admission to the Allied Health Program. _____
3. I consent for background check for admission to the Allied Health Program. _____

Student Signature

Director of Allied Health Signature for Approval