



Selma University Allied Health Application

Science Building
1501 Lapsley Street
Selma, AL 36701
(334)872-0497



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: ____/____

College/University

Name Location Dates Attended Degree Earned

Program: Associate Health Science Nursing Assistant Phlebotomy EKG

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