

LEAP Application Instructions

In addition to an application, applicants are required to complete and submit the following:

- Designate what program you wish to apply for PA, PT, RC, OT, MLS.
- 24 SCH, including 12 SCH in specific science and math prerequisite courses.
- Earn a minimum overall GPA of 3.2 at Texas A&M International University (TAMIU).
- Two letters of recommendation from any of the following: a TAMIU pre-health advisor, a science faculty member, or a professional in the selected field of interest. (submitted to Dr. Gonzalez)
- Copy of TAMIU transcript. (unofficial from Degree Works is acceptable)
- Resume. (2 page limit)
- 20 hours of volunteering, and working or shadowing /observing in a health care setting.
- Personal essay in response to the following prompt. (2 page limit)

Describe what motivates you to pursue education and a career in your first-choice program, include details about goals, achievements, and personal experience.

DEADLINE: February 8th, 2019

The application is due to Dr. Gonzalez at LBV 259 or at the Department of Biology and Chemistry main office in LBV 312. All application materials need to be turned in on time to be considered.

Questions regarding the application should be directed to:

Dr. Hector Gonzalez, TAMIU Pre-Health Professions Advisor
hector.gonzalez@tamiu.edu
956-326-3121

Questions regarding the programs in the School of Health Professions can be directed to:

Office of Admissions & Special Programs
School of Health Professions, UT Health San Antonio
shpwelcome@uthscsa.edu
210-567-6220

Laredo Early Acceptance Program L.E.A.P. Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

TAMIU I.D. No: _____ Choice of Program : _____ Secondary Choice: _____

Education

High School: _____

HS Rank: _____ Out of: _____ Dual credit earned? YES NO Credits earned: _____

College: _____

Major: _____

References

Please list two references (these are the individual who are writing your letters).

Full Name: _____ Relationship: _____

E-mail: _____ Phone: _____

Full Name: _____ Relationship: _____

E-mail: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize the release of my educational records in accordance with the Family Educational Rights and Privacy Act, which authorizes the release of educational records to the UTHSC SA Director of Admissions for the purpose of determining my eligibility and enforcing the terms and conditions for the financial aid under LEAP. This includes the release of my college transcript each semester that I am enrolled, to the LEAP Coordinator at TAMIU.

Signature: _____ Date: _____