Your completed Supplemental Application should be sent directly to The University of Texas Health Science Center at San Antonio (UTHSCSA) at the same time that your general application is completed with the Central Application Service for Physician Assistants (CASPA). **BOTH** applications are required to be considered for admission to the UTHSCSA PA Studies Program.

**Do not** include the supplemental application with the general application that you submit to CASPA.

**Return your Supplemental Application to:**

UT Health Science Center at San Antonio  
Office of the Registrar  
MC 7702  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900

You must include a check or money order made out to UTHSCSA for $60 (nonrefundable). Credit card payments can be made in-person at the Service Desk of the Office of the Registrar. Credit card payments will not be accepted via mail or telephone.

If you want to be informed when UTHSCSA has received your supplemental application, please enclose a self-addressed, stamped post card. Supplemental applications submitted without the $60 fee will not be processed.

Only those applicants who complete the CASPA application and supporting documents to CASPA and the Supplemental Application with fee to the Office of the Registrar by the **September 1st deadline** will be considered for admission. Applicants who are taking coursework during the summer semester of the application process must submit a transcript to CASPA indicating coursework is **in progress** by the application deadline. You must also list **in progress** courses on your CASPA application.

A Petition for Course Review can be found at: [http://students.uthscsa.edu/registrar/wp-content/uploads/sites/2/2014/03/PetitionforCourseReview.pdf](http://students.uthscsa.edu/registrar/wp-content/uploads/sites/2/2014/03/PetitionforCourseReview.pdf) and must be sent to the Office of the Registrar. **Applicants who meet all of the prerequisite coursework do NOT need to complete the substitution form included in this packet.** Requests to take a prerequisite course after the deadline will not be approved. The form is to request an exception in rare, extenuating circumstances or for an equivalent course.
**UT Health Science Center at San Antonio**  
**Physician Assistant Studies Supplemental Application**

All submitted application materials become the property of The University of Texas Health Science Center at San Antonio and will not be returned or copied. Only complete applications received by the Office of the Registrar by the September 1st deadline will be considered for admission decisions.

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### I. Personal Information

<table>
<thead>
<tr>
<th>Entering Year</th>
<th>Prefix</th>
<th>Full Legal Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
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</tbody>
</table>

**SS# (optional)**  
**Contact Phone Number (with area code)**  
**Back-up Phone Number (with area code)**  

**Mailing Address**  
City, State, Zip and Country

**Date of Birth**  
Place of Birth (city, state, county)

**Primary E-mail Address**  
Other E-mail Address

**Ethnicity (optional)**  
Previous Name(s)

---

**RESIDENCE CLASSIFICATION INFORMATION**

- **US Citizen?**  
  - Yes  
  - No  
  
- **If no, list country of citizenship:**

- **Type of Visa/Expiration Date**

- **Resident Alien ID Number** (if applicable)  
  Attach copy.

- **Texas Resident?**  
  - Yes  
  - No  
  
  **If yes, complete below.**  
  **If less than 12 months, prior residence**

- **County of residence?**
- **Months?**
- **Street**  
  **City**  
  **State**

**If you have been employed in the last 12 months, provide the following information:**

<table>
<thead>
<tr>
<th>Employer</th>
<th>City/State</th>
<th>Dates</th>
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</table>

**Within the last 12 months, have you been a student at an institution of higher education?**  
- Yes  
- No  

- **part-time or full-time**  
  **Institution**

Applicants whose residence status is not clearly established should complete a Residency Questionnaire (available from the Office of the Registrar) so that your residence status may be accurately defined/identified in advance of initial enrollment. We may take steps to verify information you have provided.

**Have you previously applied for admission to UTHSCSA?**  
- Yes  
- No

**If yes, list program and date of application:**

**Have you ever matriculated or been a student in a PA program?**  
- Yes  
- No

**If yes, indicate school/location:**

**Why did you leave the program?**  
- Voluntary Withdrawal  
- Dismissal

**Explain the reasons for your withdrawal or dismissal:**

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II. Military Information  Please complete this section ONLY if you are military or military connected.

All applicants who have current or prior military service must attach a copy of their most recent DD214. Members of the Armed Forces assigned to duty in Texas, their spouses and dependents are eligible to pay tuition at the resident rate regardless of length of residence in Texas.

☐ Assigned to military duty in Texas  ☐ Spouse or dependent of military personnel assigned to duty in Texas

Branch of Service ___________________________________________  ☐ Active Duty  ☐ Reserve duty

Note: If accepted for admission, military personnel must furnish a copy of orders to the Office of the Registrar two weeks in advance of registration. Dependents must furnish a copy of orders and birth certificate/marriage license as applicable.

III. Work/Life Experience

A. Scholastic Achievement (as of May 2014)

Highest degree attained ________________________________________ Major ________________________________

Institution where degree earned __________________________________ Year _____________________________

High school attended: Name ____________________________________________ City, State, Country ________________

B. Language skills other than English

________________________________________________________ (circle one) Beginning  Intermediate  Proficient

________________________________________________________ (circle one) Beginning  Intermediate  Proficient

Language ________________________________________________

Please note: Individuals who indicate language skills may be tested in that language during the interview process. Individuals who falsely represent their language skills will not be considered further.

IV Signature (Unsigned applications will NOT be considered)

UTHSCSA will not evaluate your application until both the CASPA application and this supplemental application are complete and all fees paid. By signing this application you are certifying that you have read and understand the Technical Standards of the UTHSCSA PA Studies available at: PA Technical Standards.

Further:

I understand that the Admissions Committee cannot make any decision regarding my application until the CASPA application with transcripts for all courses taken through the Summer 2014 semester, supporting documents, and this supplemental application have been received. If I have courses in progress during the application process, I understand that if I am accepted into the program, that acceptance is conditional upon satisfactory completion of these courses. Transcripts showing additional work after acceptance must also be submitted. I understand that admission to the program is contingent on successful completion of a criminal background check.

I further understand that all actions on admission of students to the professional phase are the prerogative of the Admissions Committee and that questions concerning the status of a completed application should be directed to the Office of the Registrar at UTHSCSA (see address/telephone below).

I understand that the information submitted herein will be relied upon by officials of The University of Texas Health Science Center at San Antonio to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

If I have been discontinued from another PA program, I grant the Admissions Committee permission to contact the program to confirm the reasons for my discontinuation.

I hereby certify that any statements submitted in conjunction with this application are my own work.

Date __________________________________________________ Signature (required) ____________________________

Mail this supplemental application and required $60 application fee (check or money order – payable to UTHSCSA) to:

Office of the Registrar: 7703 Floyd Curl Drive, MC 7702
San Antonio, Texas 78229-3900
(210) 567-2621

Application and fee must be received by September 1, 2014