Professional Medicine Non-Degree Application

**Department of Physiology & Pharmacology  
West Virginia University School of Medicine  
PO BOX 9229  
Morgantown, WV 26506-9229**

**Your Nonrefundable Fee of $60.00 must accompany this application.**

**Please read instructions carefully. *Type* or *print* legibly to minimize delays in processing your application.**

1. Social Security Number: \_\_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_ WVU ID#: \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_

(For internal use only. Will be kept confidential.) (If former WVU student)

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

3. Have you ever **APPLIED** to WVU before? \_\_\_\_ Yes \_\_\_\_ No IF YES, for which Term/Year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you ever **ATTENDED** WVU before? \_\_\_\_ Yes \_\_\_\_ No IF YES, for which Term/Year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mailing Address: **(MA)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (Apartment #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip/Postal Code)

6. Telephone: **(MA)** \_\_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_ –\_\_\_\_\_\_\_\_\_\_

7. Student’s E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Permanent Address: **(PA)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (Apartment #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State)

\_\_\_\_\_\_\_–\_\_\_\_\_\_\_ County (if WV address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Zip/Postal Code)

9. Telephone: **(PA)** \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Area Code) (Telephone Number )

10. Name of person to contact in case of emergency (this can be your parent or guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First ) (Middle) (Relationship)

11. Emergency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different than (Street) above addresses)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

(Parent’s or Guardian’s E-mail Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Emergency Phones: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ | ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

(Telephone) Cell Phone)

13. Please indicate Year/Term for which you are applying:

Year - 20\_\_\_\_ \_\_\_\_ Summer **(05)** May-August

14. Major: Non-Degree – Professional - 8309

15. Sex: \_\_\_\_ (**M**)ale \_\_\_\_ (**F**)emale

16. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Ex: 01/21/1975) MON DD YYYY

17. Citizenship Status: \_\_\_\_ **(01)** U.S. Citizen \_\_\_\_ **(02)** Permanent Resident with Alien Card (Please enclose copy of both sides of card) \_\_\_\_ **(03)** Refugee \_\_\_\_ **(04)**  Non-Immigrant (International)

18. Type of visa you have:

\_\_\_\_Student (F1) \_\_\_\_ Dependent of F-1 (F2) \_\_\_\_Exchange (J1)

\_\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ If non-immigrant, nation of citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Ethnic Background (optional):

Do you consider yourself to be Hispanic/Latino ❏ Yes ❏ No

In addition, select one or more of the racial categories to describe yourself:

❏ American Indian or Alaskan Native ❏ Asian ❏ White ❏ Black or African American ❏ Hawaiian Pacific Islander

**INFORMATION ON RESIDENCY**

COMPLETE THIS SECTION IF YOU ARE CLAIMING RESIDENT TUITION CLASSIFICATION

If you are supported by your parents(s)/spouse, answer each of the following questions as it pertains to them. If you are financially independent, check here \_\_\_\_ and answer each of the following questions as it applies to you.

Dates of continuous physical presence in West Virginia (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date West Virginia Driver’s License was first issued (month/year)\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/license number of car you drive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact years of West Virginia Motor Vehicle registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of West Virginia Voter Registration (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of purchase of any West Virginia residential property (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of employment in West Virginia (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact years West Virginia income taxes have been filed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of military service (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates if extended absences from West Virginia (month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students may be required to file an Application for Classification as a Resident Student with the Office of Admissions

I affirm that the information I have provided on this application form and all other admissions application materi­als is complete, accurate, and true to the best of my knowledge. I understand that omission or false information can lead to non-acceptance, the nullification of WVU credit, and/or dismissal.

In addition, I understand that I am responsible for payments of all fees. In consideration of my admission and enrollment, I, the undersigned, so hereby agree to assume and pay any and all costs and charges including inter­est, collection and reasonable attorney’s fees for delinquent accounts.

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you attached your nonrefundable $60.00 fee made payable to West Virginia University?**

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**APPROVAL SIGNATURES:**

**Dept Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**