

The University of Texas Medical Branch Application for Admission

Please print this page, sign at the bottom, and mail to:

**Enrollment Services
The University of Texas Medical Branch at
Galveston
301 University Boulevard
Galveston, Texas 77555-1305**

I understand that the information submitted on the application for admission submitted to UTMB in my name will be relied upon by UTMB officials to determine my status for admission and residency eligibility. I authorize UTMB to verify any information I have provided. I further authorize any and all educational institutions, governmental agencies, and private employers that I have attended, worked for, or who maintain records related to me to release such information to UTMB officials. I agree to notify Enrollment Services of any changes in the information provided. I certify that the information in the application is complete and correct and understand that the submission of false, incomplete or incorrect information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. If I am admitted to UTMB, I agree to abide by UTMB, school, departmental and program policies, rules and regulations, as amended from time to time. In the event that my Texas Academic Skills Program (TASP) test results are needed to support my application for admission, I authorize Enrollment Services to electronically access my TASP test results.

Signature of Applicant:

Date:

Applicant's Name:

SSN:

School:

Application ID:

Date of Birth:

Program:

Method of Payment:

Application Fee: