

IMPORTANT

The following information should be forwarded to:

Dr. Sandy Streater, Department Head, Health Sciences
Armstrong Atlantic State University, Solms 201 G
11935 Abercorn Street Savannah, GA 31419-1997

- 1) Completed Bachelor of Health Science **Application Form**.
- 2) Copy of **transcripts**.
- 3) **Letter of Intent** stating your goal expectations of the Health Sciences program and career aspirations. (No longer than one page, please.)

The following information should be sent to:

Registrar's Office / Victor Hall
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, GA 31419-1997

- 1) Armstrong Atlantic State University **application** (may be completed on-line at www.armstrong.edu).
- 2) Armstrong Atlantic State University requires all new students to show **proof of immunization** against Measles, Mumps, and Rubella before being allowed to register for classes.
- 3) Copies of all high school and college **transcripts**.
- 4) Official copies of **SAT or ISAT scores**.

Application Form
Armstrong Atlantic State University
Bachelor of Health Science Degree Program
Solms201G

11935 Abercorn Street
Savannah, GA 31419-1997
Phone:(912)921-5480 Fax: (912)921-7350

Dr. Sandy Streater, Department Head

(Print or Type)

1. Name: _____ Date: _____
2. SSN: _____ Date of Birth: _____
3. Semester / Year of Initial Enrollment in the BHS Program: _____
4. Local Address: _____

5. Phone Numbers: Home: _(_____) _____ Work: _(_____) _____
6. E-mail address: _____ Cell Phone: _(_____) _____
7. United States Citizen: Yes () No ()
8. Gender: Female () Male ()
9. Marital Status: Single () Married () Divorced () Widowed ()
10. Number of Children: _____
11. Person to be notified in case of emergency:
Name: _____ Telephone: _____
Address: _____
Street City State Zip

12. Ethnicity: (Check One) **

- | | | | |
|----------------------------------|-----|---------------------|-----|
| Caucasian, Non-Hispanic | () | Native Hawaiian or | |
| Native American / Alaskan Native | () | Pacific Islander | () |
| Asian | () | Hispanic or Latino: | |
| African American, Non-Hispanic | () | Mexican | () |
| Multi-Racial | () | Puerto Rican | () |
| | | Other Hispanic | () |

**This information is confidential. It is used for statistical analysis only.

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief.

Signature: _____

Letter of Intent

Please write a brief letter of intent outlining why you have chosen to pursue a degree in Health Sciences and your career goals. This letter *must* be submitted with your completed application for the Bachelor of Health Science Degree Program. (You may write or type your letter on this page, or attach a separate sheet.)

Signature: _____ Date: _____

Technical Standards for the Department of Health Sciences

In addition to the academic requirements for admission to the degree programs (Bachelor of Health Science, Master of Public health, Master of Health Services Administration and Master of Sports Medicine) there are core performance standards required for completion of these degrees. These standards are necessary to obtain employment in the listed fields:

1. It is essential that the student have the sensitivity and interpersonal skills sufficient to interact with individuals, families, and groups. Students will be judged, using tools such as the practicum evaluations utilized by site faculty and supervisors, on the basis of their ability to appropriately adapt their manner of interaction with clients from a variety of social, emotional, cultural and intellectual backgrounds.
2. The student must have communication abilities sufficient for interaction with others in verbal and written form. It is essential that the student be able to appropriately adjust presentation style to a level which matches the communication abilities of the client.

"I have read and understand the technical standards of the Health Sciences program and possess the ability to successfully complete the program, with or without reasonable accommodations."

Signature

Date

spf 10/01/03