
Please list any current academic coursework that is not included on submitted transcripts.

Any other information you would like us to be aware of upon review of your application.

Note: When application is made, please submit all post high school educational transcripts, or request the institutions to forward the transcripts to us. You will be contacted by us regarding your qualification for this program upon us receiving all applications materials including transcripts.

I declare that the above submitted information is correct, and if accepted into the program, I will comply with the policies and regulations of the school and Edward Hines Jr. VA Hospital.

Signature _____ Date _____