University of Pittsburgh School of Health and Rehabilitation Sciences (SHRS)
Supplemental Application

Full name of applicant—Last name, first name, middle initial (Please print)

Please indicate the major to which you are applying (check one):

- Athletic Training
- Communication Science
- Emergency Medicine
- Health Information Management
- Nutrition and Dietetics
- Rehabilitation Science

Please list course work in progress or to be completed in spring/summer prior to your enrollment in the program.

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<th>Spring term</th>
<th>Summer Term</th>
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Recommender Information:

Name ________________________ Relationship ________________________

E-mail ________________________ Phone Number ________________________

Essay for undergraduate applicants: Please include your academic and career goals; what personal, volunteer, or paid experiences motivated you to choose this major/profession; identify any personal characteristics or special skills that would make you successful in the program and field; and any extracurricular activities or other leadership roles in which you have been engaged. Please explain any discrepancies in your academic record. This statement should not exceed two pages.

Please return this form to:
Office of Admissions and Financial Aid, 4227 Fifth Avenue, Alumni Hall, Pittsburgh, PA 15260-6601