

# ALABAMA STATE UNIVERSITY

## REHABILITATION SERVICES

WITH A CONCENTRATION IN ADDICTION STUDIES

### DEPARTMENTAL ADMISSION APPLICATION

Please Type or Print Legibly.

Full Name \_\_\_\_\_ Student# \_\_\_\_\_  
Last First Middle Initial

Classification \_\_\_\_\_ Semester & Year Entered ASU \_\_\_\_\_

Current Address \_\_\_\_\_  
City State Zip

Permanent Address \_\_\_\_\_  
City State Zip

State of Residency \_\_\_\_\_ E-mail Address \_\_\_\_\_

Daytime Telephone (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Place of Birth \_\_\_\_\_  
City State County

#### IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

If you are a U.S citizen or a permanent resident of the U.S., please submit the following racial/ethnic information. This information is voluntary and refusal to provide it will not subject you to any adverse consequences. **Please check one:**

Black/Non-Hispanic ( )

White/Non-Hispanic ( )

Hispanic ( )

Indian or Alaskan Native ( )

Asian or Pacific Islander ( )

Other ( )

Did you ever attend any other universities/community colleges, ( ) Yes or ( )No

If so please list below:

School/University	City and State	Graduation Date/ Date(s) Attended

Have you ever volunteered or have any type of rehabilitative services work related experience in high school or your first two semesters at the University? No( ) , If yes( ), please list below.

**Rehabilitation Services Related Work/Volunteer Experiences (include summer work)**

Dates: From/To	Employer	Address	Position	Hours Per Week

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**Write a brief statement relative to why you chose to apply for admission to the Rehabilitation Services program. (requires a minimum of 100 words or your application may not be considered)**



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**(Attach additional page if necessary)**

I, \_\_\_\_\_, do affirm that the information provided in this application is complete and accurate. I understand that providing false information could be grounds for non-admission or dismissal from the program. In the event that I am admitted to the BSRS program, I agree to pay the malpractice insurance fee of \$39 upon enrolling in 300 level coursework and to abide by the rules and regulations stipulated by the institution set forth in the BSRS program manual.

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**SIGNATURE OF APPLICANT**

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**DATE**

**RETURN TO: Alabama State University  
College of Health Sciences  
Department of Rehabilitation Services  
Selections and Admissions Committee**

**[cwomack@alasu.edu](mailto:cwomack@alasu.edu)**

**John L Buskey Bldg Suite 313**

