

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
LITTLE ROCK, ARKANSAS

ACADEMIC NON-RESIDENT TUITION WAIVER PROGRAM APPLICATION

Graduate School Health Professions Medicine Nursing Pharmacy Public Health

Have you been accepted for admission at UAMS? Yes Yes – Provisional Status No

APPLICANT INFORMATION

1. Name: _____ Student ID Number _____
Last/First/MI

2. Current Legal Address: _____
Street and Number

City	County	State	Zip Code	Phone
------	--------	-------	----------	-------

3. Local Address: (if different) _____
Street and Number

City	County	State	Zip Code	Phone
------	--------	-------	----------	-------

4. What, if any, are your ties to the state? (e.g., lived in the state in the past, spouse is a native, etc.)

5. How likely is it that you will remain in Arkansas to work (practice) after graduation?
 Very likely Likely Somewhat likely Not very likely Don't know

Comments:

6. Attach copies of documentation to demonstrate that you meet the scholastic requirements established for your college.

SIGNATURE: By signing below, I affirm that the information given is complete and accurate.

Signature _____ Date _____

ADDITIONAL INFORMATION

As part of your application, you must prepare a 500-word essay describing:

- a) your academic background and professional aspirations, with particular emphasis on challenges you have encountered, or continue to encounter..
- b) the impact that the tuition waiver would have on your ability to fulfill those plans and aspirations.
- c) additional information that bears on your application.

You may provide your response in the space provided below or attach a separate page).

Please submit this form to the Dean's Office