



HOPE LLC APPLICATION

First and Last Name: _____ Student ID: _____

Intended Major:

Biochemistry Biology Chemistry Nursing
 Nutrition Pre-Pharmacy Rehabilitative Science
 Vision Science Other: _____

What is your future profession? _____

High School GPA: _____ (GPA is not a factor in our decision process)

The Health Oriented Professions Educational Living and Learning Community is a complex and diverse organization. How might you contribute to its mission of developing individuals to become future healthcare professionals?

We consider applications holistically, and are open to unique perspectives. What background or experience(s) have you had to help support our diverse culture?

Becoming a healthcare professional requires an immense amount of fortitude and resilience. Describe an instance in which you have shown resilience.

Is there anything you would like the admissions committee to know that may strengthen your application?

Please read the following agreements and check the boxes next to them indicating your consent.

I certify that all provided information is correct, and acknowledge that falsification of information is grounds for disqualification from the HOPE LLC program.

I understand that I as a part of my acceptance to the HOPE LLC, I will be enrolled in a common course that will satisfy a credit towards my degree plan.

I understand that the HOPE LLC is housed on a designated floor in Sky View Hall. By accepting the HOPE LLC offer, I give permission to the Department of Residence Life and Housing Operations to adjust my housing assignment accordingly.

I understand that I have the right to deny the housing re-assignment, but must provide written consent with my acceptance confirmation indicating the deferral.

I understand that participation within the community is required, and I am expected to attend a minimum of 75% of the weekly meetings to maintain membership within the program.

I agree to be a contributing member of the community, support its growth, and respect others' around me as a future professional.

Signature _____

Date _____

**Submit completed application via email to the Residence Life Assistant Director,
J.R. Chiodo-Benmuvhar (chiodobe@uiwtx.edu) or the Graduate Area Coordinator, Jackie Ortiz
(jnortiz2@student.uwtx.edu)**