**Early Optometry School Acceptance Program Application**

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| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Admitted to UAB | [ ]  | Yes |  | No |
| BlazerID |  |
| High School |  |
| High School GPA |  |
| ACT/SAT Scores |  |
| Previous AP Coursework |  |
| Current AP Coursework |  |
| Dual Enrollment Coursework | N/A |
| Extra-Curricular Activities |  |
| Shadowing Experience |  |
| Honors and Awards |  |

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# Please complete the following short answer and essay questions in a separate document:

**Student Essay**

Describe the background experiences you have and future goals you hope to attain that may make you uniquely qualified to be a future Optometry.

# Short Answer 1

Please describe if and how the COVID-19 pandemic has affected your preparation for applying to this program.

# Short Answer 2

Describe a fulfilling or challenging community service experience and how you grew personally from the experience.

References:

Your completed application should be emailed to Connie Wright at cswright@uab.edu.