

# TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS

Name:

Address:

City:  Zip:

Daytime phone:

Email address (required):

Department/Discipline:

Institution:

Number of Semester Hours as of Spring Semester 2024:

Expected Date of Graduation: Month  Year

Degree expected (BA, AA, MS, MPT, DPT, MPAS, etc.):

**High School and Colleges Previously Attended and Degrees Received**

School Name	Location	Years Attended	Date Graduated	Degree/Certificate

**Civic and College Honors and Awards Received** (Examples: Dean's List, Who's Who, Scholarships, and other academic and non-academic awards received. Please indicate dates and conferring institution(s).

Award Received	Conferring Institution	Date Received

**School Activities** (Examples: student government, student committees or organization, special projects, assisting faculty with instructional activities or research).


Activity	Institution	Dates of Activity

**Professional Memberships and Activities:** (Examples: participation in local, state and national associations; serving on committees for the same. Please indicate if profession has student membership and whether it is a local, regional, state or nation organization.)

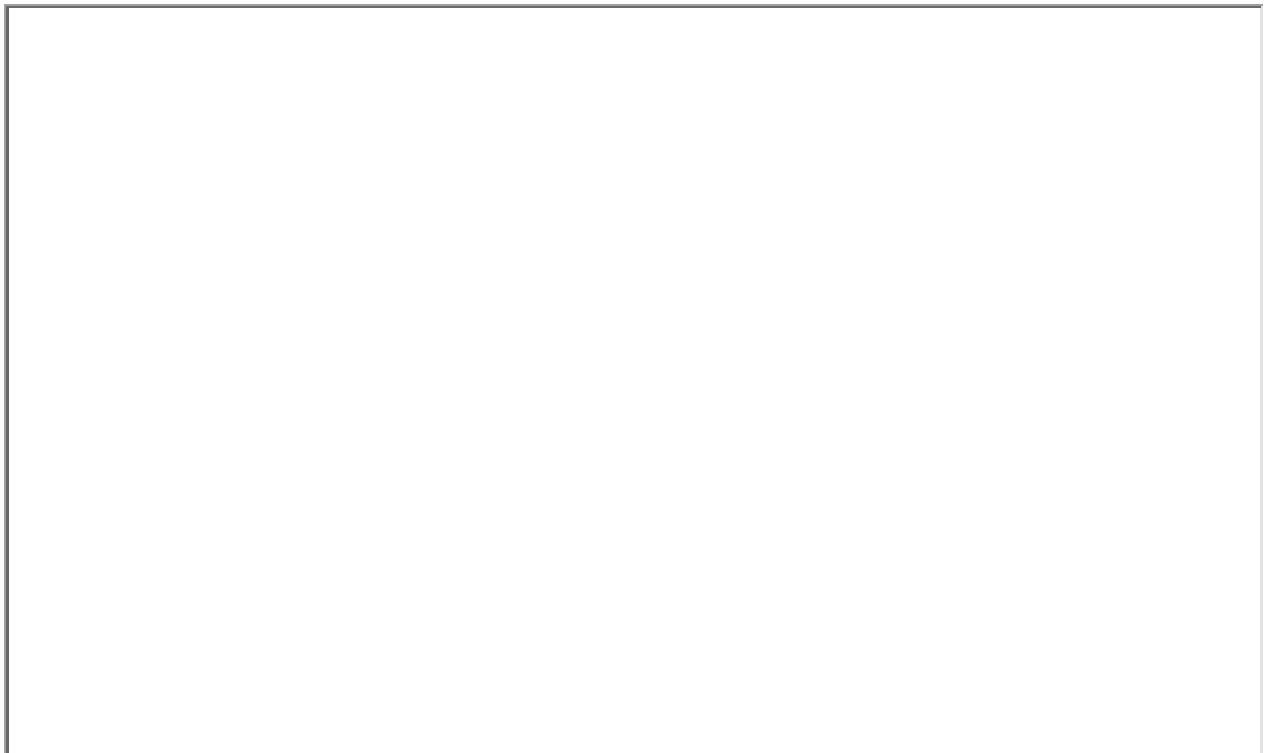
Membership/Activities	Membership Type (Local/State/Regional/ National)	Student Membership (Yes or No)	Date

**Publications and Presentations:** (Use the following format: Author(s): date of publication or presentation, "Title of publication or presentation"; journal where published or association and place where presented.)  
(Example: Doe, John: (2002) "Honorary Awards and Scholarships"; TSAHP Journal.)

**Community Involvement:** (Examples: involvement with health organizations; community organization; church activities; volunteer work. Please include dates.)



**Additional Responsibilities and Commitments:** (Examples: employment and other personal commitments; please include dates).



**THIS PAGE TO BE COMPLETED BY DEPARTMENT FACULTY**

**Student's Scholastic Achievement** (Grade Point Average – GPA – based on a scale where A=4, B=3, etc.

GPA:

**Student Potential for Future Achievement** (to be completed by department faculty) Please use additional sheets, if necessary.

Please include a letter of recommendation for the applicant's department chair.

**FACULTY COMPLETING THIS SECTION:**

Name:

Title:

Email address:

Date:

**SUBMIT APPLICATION BY APRIL 30, 2024 TO:** [TSAHP Online Portal](#)

Individuals must have a Google account to submit form.

**QUESTIONS:** Venessa Kodosky, PhD ([kodoskyv@uthscsa.edu](mailto:kodoskyv@uthscsa.edu)) or Sarah Anne Keyes, Ed.D ([sarah-ann.keyes@bcm.edu](mailto:sarah-ann.keyes@bcm.edu))