

16. List in chronological order, beginning with your current position, your title or job description and dates of employment. If significant time has elapsed since you were enrolled in school, please indicate how you have spent that time.

17. Have you ever served in the Armed Forces? Yes No If yes, complete the following:

Branch of Service _____ Rank _____ Entry Date _____ Date & Type of Discharge _____

Reserve status _____ Are you eligible for veterans' benefits? _____

If so, under what law? _____

18. Were you ever required to leave any college or denied readmission because of conduct or academic deficiencies?

Yes No If yes, explain.

19. Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense where you have been found guilty by a judge or jury, or entered a plea of *nolo contendere* (no contest); any juvenile offenses; any offenses where the records have been expunged and any conviction that the applicant is currently appealing, regardless of adjudication?

Yes No If yes, please explain.

This disclosure is a continuing duty. All applicants must report to the College of Optometry any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and the College of Optometry will consider new information submitted and, in appropriate circumstances, may change the status of applicant or student.

20. Describe any special circumstances which you feel might aid the Committee on Admissions in evaluating your application.

22. Have you ever made a previous application to the Health Professions Division at Nova Southeastern University? If so, when and what program? _____

23. How did you first hear of NSU's Clinical Vision Research Programs?

E-mail

Web page

Optometrist

Other healthcare provider

Friend/relative in program

Professional association Indicate which: _____

Other: _____

I have read and understood the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge. False and/or omitted information will invalidate this application and could result in rejection of the applicant or dismissal from the University if the applicant has already been admitted. Permission is hereby given to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I agree that this information may be used by Nova Southeastern University for research and development purposes aimed at improving optometric education and admissions programs.

Date

Signature of applicant