

University of Missouri-St. Louis

Application for Admission

College of Optometry

One University Boulevard
St. Louis, Missouri 63121-4400

Residency Program in Pediatrics and Binocular Vision

Residency Program in Contact Lenses

Program Beginning July 1, 2 _____

1. _____
Name (last name first) (other name under which records may be found)

2. _____ (_____) _____
Mailing Address City State Zip Telephone

3. _____ (_____) _____
Permanent Address City State Zip Telephone

4. State declared as a legal residence: _____

5. Are you a citizen of the United States? Yes No If no, what country? _____

6. Date of Birth _____ / _____ / _____
Month Day Year

7. Received / Will receive Doctor of Optometry degree from: _____
Name of Institution

8. Date degree received / will receive _____ / _____ / _____
Month Day Year

9. Please request all optometric institutions to promptly forward official transcripts.
(It is necessary for you to request updated **official** transcripts as coursework is completed).

10. Please request the National Board of Examiners in Optometry (NBEO) to promptly forward **official** scores.
(It is necessary for you to request updated **official** transcripts as examinations are completed).

11. Request 3 letters of recommendation from faculty at the School or College of Optometry from which you graduated/will graduate. A minimum of one faculty letter should be from someone involved in the appropriate specialty.

12. Attach a Curriculum Vitae to this application.

I certify that the information contained in this application is true to the best of my knowledge. I understand that information related to my admission status at the University of Missouri-St. Louis College of Optometry will be submitted to the Association of Schools and Colleges of Optometry for statistical purposes. In accordance with Missouri law, all UM-St. Louis faculty and residents are subject to a criminal background check.

Date

Signature

NOTE: Providing this information is optional and is requested for purposes of reporting to Federal Compliance Agencies only and will be removed by the university before your application is processed. It will not be used in determining admission status.

Sex: Male Female
Ethnic Origin: White, non-hispanic Asian or Pacific Islander Hispanic
 Black, non-hispanic American Indian or Alaskan Native Non-resident Alien

All application material should be addressed to: Maria Ahrens, Administrative Assistant for Residencies, University of Missouri-St. Louis, College of Optometry, One University Boulevard, St. Louis, MO 63121-4400.