

Emory Eye Center
Ophthalmic Technology Program
Application for Admission Page Two

Full Legal Name _____ **Social Security** _____

14. EDUCATION: In chronological order, list below all high schools, colleges and universities attended. OFFICIAL TRANSCRIPTS ARE REQUIRED from each school. Transcripts must be complete through the last date of attendance and must show any degrees/certificates awarded.

HIGH SCHOOLS & COLLEGES	LOCATION	Dates Attended		Major of Field of Study	Degree / Certificate		Date Transcript Requested
		From	To		Type	Date	
1.							
2.							
3.							
4.							
TECHNICAL SCHOOLS							
1.							
2.							

15. Grade Point Average _____
High School/College Technical School (if applicable)

16. Names of three references whom you have asked to write letters of recommendation in support of your application

NAME	Position or Title	Institution or Employer	Address
1.			
2.			
3.			

17. Attach a personal statement discussing:
- a. Past professional experiences and interests that you have engaged in or developed.
 - b. Current professional interests that you wish to develop and how these current interests relate to your future goals.
 - c. How you anticipate developing your interests during your education at Emory Eye Center and relate your future goals to the area described.

18. SAT Test Date and Scores (if taken): _____