

**INTER AMERICAN UNIVERSITY OF PUERTO RICO
SCHOOL OF OPTOMETRY**

**Supplemental
Application**

Name

Last

First

Middle

*Mailing
Address*

State

Zip Code

Demography
✓

Gender: _____

Male

Female

Citizen: _____

USA

Other

Alien # _____

*Phone &
Email*

Code

Phone #

Code

cellular

Email

*Academic
Information*

1. _____

Under Graduate University 1

2. _____

under Graduate University 2

GPA

GPA

OAT Result (if taken)

*Other
School
Applied*
✓

ICO _____

NECO _____

SUNY _____

UH _____

SCO _____

INDIANA _____

NSOUK _____

SALUS _____

UIW _____

UMSI _____

NOVA _____

SCCO _____

UAB _____

OSU _____

FERRIS STATE _____

PACIFICU _____

WESTERN _____

BERKELEY _____

MIDWTRN _____