



GORDON E. INMAN COLLEGE of
HEALTH SCIENCES & NURSING

BELMONT
UNIVERSITY

Application for consideration for the Pre-PT and Pre-OT Fellows Program

Select one: _____ Pre-PT Fellow _____ Pre-OT Fellow

Full Name: _____

BU ID: _____

If you do not know your BU ID, please list Date of Birth: _____

Email Address: _____

Phone Number (with Area Code): _____

Mailing Address: _____

Classification- *Select one:*

_____ **Freshman applicant**

If you are an applicant, please list your application term: _____

_____ **Transfer applicant with 64 credit hours or less**

If you are an applicant, please list your application term: _____

_____ **Current Belmont student with 64 credit hours or less**

Signature _____ **Date** _____

Submit completed form to Maren Bishop, Admissions Assistant, Gordon E. Inman College of Health Sciences & Nursing, 1900 Belmont Blvd. Nashville, TN 37212. For questions or further details, contact Maren at bishopm@mail.belmont.edu; Phone: 615-460-6120; Fax: 615-460-6125.