

Medical, Dental, and Optometry Student Questionnaire
UAB Office of Student Financial Aid

SECTION I – STUDENT INFORMATION

Last Name:	First Name:
UAB Student Number:	Rising year in school: 1 2 3 4
Professional Program: <div style="display: flex; justify-content: space-around; width: 100%;"> Medicine Dentistry Optometry </div>	

SECTION II – QUESTIONS

1. Have you ever participated in a Governmental Disadvantaged Student Program (i.e., Exceptional Financial Need Program: “EFN,” Health Career Opportunity Program: “HCOP,” etc.)? Yes No

If yes, in which program did you participate?

2. High School Name: State: County:

3. Please select which one you received: High School Diploma GED

4. Did either of your parents complete a bachelor’s degree? Yes No

5. Are you from a single parent home? Yes No

6. Are you a ward of the court or an orphan? Yes No

7. Are you considered a URiM? Yes No

8. Were you recycled in your first two years? Yes No

SECTION III – SIGNATURE & SUBMISSION

Please sign and submit your completed form to the UAB Student Financial Aid Office.

Student Signature:	Date:
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Submit Clear Form

Completed forms can also be submitted to the UAB Student Financial Aid Office via email (finaid@uab.edu) or mail.