



Texas Undergraduate Medical Academy
Prairie View A&M University
PO Box 519, MS 2900
Prairie View, Texas 77446

UMA Summer College Prep Application
Cost: \$325.00

Personal Information:

Name: _____

Address: _____
Last First Middle Initial
Street Address Apt #/Unit

_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Shirt Size: _____

Name of High School: _____

GPA: _____

Classification: _____
2023-2024 School Year

Class Rank (If Known): _____

Career Interest (Physician, Dentist, Veterinarian, Pharmacist, etc.):

Math Courses Taken:

Science Courses Taken:

English Courses Taken:

Extra Curricular/Community Service Activities

Organization: _____

Position: _____

Description:

Organization: _____

Position: _____

Description:

Organization: _____

Position: _____

Description:

Organization: _____

Position: _____

Description:

Reference

Please list one professional reference and attach their letter of recommendation to this application.

Name: _____
Last First Middle Initial

Email: _____

Phone: _____

Relationship to Applicant: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

**Submit completed application to:
tnsablitzky@pvamu.edu by May 24th, 2024 by 11:59 PM.
Call Tenley Sablatzky for more information: (936) 261-3075**