

ALLIED HEALTH SCIENCES

SUPPLEMENTAL COORDINATED PROGRAM APPLICATION

Name	
Address:	
Street	
City, State Zip Code	
Telephone Number (including area code)	
Didactic Program	

\$70 application fee should be paid using our secure payment portal. Please email <u>alliedhealthsciences@uconn.edu</u> if you would like to pay by check.

Supplemental Application must be submitted by February 15th

Email supplemental application to: alliedhealthsciences@uconn.edu