



ICO Focus on Your Future Summer Program Application

Instructions

Thank you for your interest in our summer program! The program dates are **Monday, June 24, 2019 - Friday, June 28, 2019**.

The application will take about 30 minutes to complete. Once you submit the form, you will receive a confirmation email that outlines your next steps.

Should you have any questions, please contact the Office of Admissions at **admissions@ico.edu** or call **312-949-7400**.

Application

CONTACT INFORMATION

Title _____ First Name _____

Middle Initial _____ Last Name _____ Suffix _____

Preferred or Nickname _____

Address Type CURRENT PERMANENT

Address _____ Country: _____

City _____ State/Province _____ Zip/Postal Code _____

Preferred Phone Number _____

Preferred Phone Number Type HOME MOBILE

Preferred Email Address _____

PERSONAL INFORMATION

Gender _____ Birth Date ____ / ____ / ____ Citizenship _____

Birth City _____ Birth State/Province _____

Birth Country _____

PERSONAL INFORMATION (continued)

State/Province of Declared Residency _____

If you currently have a visa, what's your visa type? _____

Check here if you are Latino or Hispanic.

Select one or more of the following groups in which you consider yourself to be a member.

- | | | |
|---|--|-----------------------------|
| <input type="radio"/> American Indian / AK Native | <input type="radio"/> Hispanics of any race | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Multi-race (2+ races) | <input type="radio"/> Other |
| <input type="radio"/> Black / African American | <input type="radio"/> Native Hawaiian/Pacific Island | |

If you selected multi-race, please list which groups you consider yourself to be a member.

APPLICANT INFORMATION

Year you plan to enroll at ICO _____

Colleges / Universities Attended

List **all** colleges/universities attended. Begin with the college or university from which you will receive your baccalaureate degree or 90 semester hours. Please take note of the College Code letter, A, B, C, D, E, F, and G listed above each institution. Please use the same College Code letter with the same institution when completing the Pre-Optometry Coursework Sheet.

COLLEGE "A"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

- B.A. B.S. Other _____

Major _____

Colleges/Universities Attended (continued)

COLLEGE "B"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

COLLEGE "C"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

COLLEGE "D"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

Colleges/Universities Attended (continued)

COLLEGE "E"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

COLLEGE "F"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

COLLEGE "G"

Institution Name _____

Education Type _____

Date Enrolled From _____ / _____ / _____

Date Enrolled To _____ / _____ / _____

If you plan to complete a baccalaureate degree prior to enrolling in optometry school, select which type.

B.A. B.S. Other _____

Major _____

Relatives and Legacy

If any, please list the name(s) of your relative(s) who have graduated from ICO.

ICO Alumni #1

Relationship _____
First Name _____
Last Name _____
Suffix _____

ICO Alumni #2

Relationship _____
First Name _____
Last Name _____
Suffix _____

ICO Alumni #3

Relationship _____
First Name _____
Last Name _____
Suffix _____

Additional Information

Please indicate when you
took/will take the OAT _____

Who has influenced you to apply to the summer program?

First Name _____
Last Name _____
Suffix _____

Nature of acquaintance _____

If you previously applied to
ICO, list the entering class for
which you last applied. _____

Autobiographical Statement

In your statement, address the following:

1. Your personal interest in participating in the summer program and motivation for optometry, including the steps you have taken to investigate the profession and why it is a good career choice for you.
2. Extracurricular activities or honors received while in your college.
3. Any additional information that you believe will help us gain a better understanding of your background, character, and desire to become an optometrist.

Cut and Paste your essay here:

Terms and Conditions

EMAIL AND PRE-OPTOMETRY COURSEWORK SHEET AGREEMENT

Please note that the Office of Admissions will use the email address provided on this application for the majority of our communication with you. We strongly suggest that you add our address (admissions@ico.edu) to your email address book to ensure that our messages get delivered to your inbox and that they are not filtered to a junk or bulk email folder. We ask that you update us with any changes to your email address.

I understand that I need to print out the [Pre-Optometry Coursework Sheet](#) and return it to the Office of Admissions via email, mail or fax. My application will be placed on hold until this item is received by the Office of Admissions.

Click to Agree

APPLICANT'S CERTIFICATE

I hereby verify that the information I have submitted in support of this application for the summer program and in my academic records is true and complete to the best of my knowledge. I fully understand that failure to answer all questions and/or misrepresentation in any statement will be considered sufficient reason for denial of admission to the Summer Program.

I agree to notify the Office of Admissions should there be a change in my contact information, e.g. email address, permanent address or current/school address. I fully understand that failure to provide updated information can result in a delay of my decision.

In signing this application, I give ICO permission to verify any information reported in this application at any time during my enrollment in any ICO program. I agree to comply with the rules and regulations of ICO as published or amended in the Student Guide.

Click to Agree

please print name here

date

THANK YOU FOR YOUR INTEREST!