UAB EARLY OPTOMETRY SCHOOL ACCEPTANCE PROGRAM (EOSAP) APPLICATION 2026-2027

Name (First/Last):				
Date of Birth (MM/DD/YYYY):				
Have you been admitted to UAB?	:	YES		NO
What is your Blazer ID? :				
What high school did you attend?	:			·
City/State of your high school:		City		State
High School GPA:	ACT Score:		SAT Score:	· · · · · · · · · · · · · · · · · · ·
Please list your AP Coursework, n	oting any classes t	hat are still i	n progress:	
Please list your dual enrollment co	oursework:			
Please list your extracurricular act	tivities:			
Please list your shadowing experie	ences:			
Please list any honors or awards y	ou have received:			

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	your background/experiences and future goals that make you uniquely qualified to be otometrist:
	a fulfilling or challenging community service experience and how it helped your growth and development:
Please list	your references (Name, Title, Relationship to You, Email):

Once your application is complete, please email it to the UAB School of Optometry's Office of Student Affairs: so-admissions@uab.edu before the deadline of November 15, 2025. Once the application has closed, you will be notified via email if you are selected for interview. Interviews will be scheduled in February 2026 (date TBD). Please forward any questions to the email listed above. Thank you for your interest in the UAB School of Optometry!