



Summer Optometry Institute

The Summer Optometry Institute (SOI) is a program designed to familiarize Pre-Health and Pre-Optometry students with the professional surroundings of optometry school while developing their interest and drive to succeed within the profession. Special focus will be on preparing and strengthening your application portfolio for admission as well as developing the necessary skills to be successful in optometry school. The program occurs annually and will be offered for the duration of four days, between the following dates **Tuesday, July 20-23**. A total number of 8 students will be selected through an application process including a review of the selection criteria outlined below. There are no registration costs and the only expense is for travel arrangements to and from the school. Participants can either arrange for their own accommodations in San Antonio or utilize access to accommodations through UIWRSO. Further details on lodging will be provided once the selection process is complete.

Program Objectives Include:

- ◆ Developing awareness of the UIWRSO culture and mission as it relates to our student's professional and personal growth.
- ◆ Develop awareness of the rigorous demands of optometry school through observation, mentoring, and skill preparation.
- ◆ Complete pre-admissions workshops on interview skills, writing skills for personal statement, and individualized advising in preparation for the admissions process.
- ◆ A focus on career exploration within the field of Optometry to include optometric modes of practice, future trends in optometry, basic clinical skills development and clinical observation.

Submit your completed application to:

University of the Incarnate Word Rosenberg School of Optometry
Summer Optometry Institute
9725 Datapoint Dr., CPO 17
San Antonio, TX 78229
*postmark deadline is June 15, 2021

You may submit your application via fax or email:

Email: optometry@uiwtx.edu
subject line "Summer Optometry Institute"

Fax: 210-883-1191, *please include a cover sheet addressed to Summer Optometry Institute*

Selection Criteria

- A completed application – **Application Deadline is June 15, 2021**
- Must be 18 years of age or older
- Submission of a personal statement emphasizing your interest in an Optometry career (200-400 words)
- Provide a copy of unofficial transcripts from current institution*
- Minimum 45 hours completed
- Recommended minimum GPA of 3.0
- Submit a professional resume (optional)

**Transcripts will be reviewed to evaluate progress of completion of prerequisite requirements, specifically within the sciences*

Personal & Academic Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Primary Email: _____ Current Phone: _____

Primary College/University: _____

Anticipated year of Graduation: _____

Major/Degree: _____

Cum GPA: _____

How did you hear about our program? _____

What state do you plan to practice optometry in?

Demographic Information

Race/Ethnicity (How do you describe yourself?):

Black or African American

Asian

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

White

Other or Unknown

Gender:

Male

Female

Are you a first generation college student?

Yes

No

Are you a U.S. citizen?

Yes

No

Personal Statement

Please attach a personal statement describing your interest in pursuing a career in optometry. The document should be between 200-400 words.

Acknowledgement Statement

I certify that the information submitted is complete and true to the best of my knowledge.

I understand that withholding information, or giving false information, will invalidate my application and will make me ineligible for the Summer Optometry Institute (SOI). I consent to and authorize the release of information for all institutions as it relates to my application process for the SOI. I understand that this form becomes the property of UIWRSO and is not returnable. If accepted, I agree to comply with the rules and regulations of the University of the Incarnate Word Rosenberg School of Optometry while I participate in the SOI.

*** I agree to all terms within this document by signing my name below.**

Signature of Applicant: _____

Date: _____