



WESTERN UNIVERSITY OF HEALTH SCIENCES

MASTER OF SCIENCE IN HEALTH SCIENCES

APPLICATION CHECKLIST

This checklist is provided to help you appropriately submit all necessary secondary application materials.

For more information regarding the application process, please refer to the Apply Now web page.

Check

- ___ **A) ORIGINAL SIGNED APPLICATION FORM WITH ALL QUESTIONS ANSWERED**
 - ___ **B) APPLICATION FEE**
Nonrefundable application fee of \$35 payable to Western University
 - ___ **C) STATEMENT OF PURPOSE**
 - ___ **D) CURRICULUM VITAE**
 - ___ **E) OFFICIAL TRANSCRIPTS**
Official transcripts from each college/university attended submitted with the completed application packet. If you are a current WesternU student in another program, you will need to submit separate official transcripts to the MSHS program, please ensure that your college sends them directly to MSHS admissions.
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MAIL COMPLETED SECONDARY APPLICATIONS TO:

WESTERN UNIVERSITY OF HEALTH SCIENCES, ADMISSIONS OFFICE – MSHS
309 E. Second Street ● Pomona, CA 91766-1854 ● (909) 469-5335
www.westernu.edu ● email: admissions@westernu.edu