



**MASTER OF SCIENCE IN HEALTH SCIENCES
APPLICATION FOR ADMISSION**

DESIRED TERM AND YEAR OF ENTRANCE: Fall _____ Spring _____

Name (*Last*) _____ (*First*) _____ (*Middle*) _____

Social Security #: _____ Birth Date: _____ Male _____ Female _____

Do you have educational materials under another name? Yes _____ No _____

If yes, state the name _____

Mailing Address _____
(Street)

(City) _____ (State) _____ (Zip Code) _____

Permanent Address _____
(Street)

(City) _____ (State) _____ (Zip Code) _____

Telephone numbers where you may be reached, please include area code

Home _____ Cellular _____ E-mail _____

Country of Citizenship: _____ Country of Birth _____

If you possess a **permanent** alien resident card, state number & expiration date _____

If you possess a **temporary** visa, state visa category, number & expiration date _____

We comply with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans with Disabilities Act of 1990. We do not discriminate on the basis of sex, race, color, national origin, religion, disability, or sexual orientation in any of our policies, procedures, or practices. For further information, please refer to the University Web Site Catalog (www.westernu.edu).

*Please attach a recent
2" X 2" photo of yourself*

(Optional)

I. PERSONAL INFORMATION

1. How do you describe yourself? The following is requested for the purpose of applying for federal or other grants.

Alaskan Native	_____	Asian/pacific Islander (choose only one)	
American Indian	_____	Chinese	_____
Black (non Hispanic)	_____	Filipino	_____
		Hawaiian	_____
Hispanic (choose only one)		Korean	_____
Mexican-American/Chicano	_____	Vietnamese	_____
Puerto Rican (mainland)	_____	Japanese	_____
Puerto Rican (Commonwealth)	_____	Indian/Pakistani	_____
Other Hispanic	_____	Other Pacific Islander	_____
		Other Asian	_____
		Southeast Asian	_____
		Other	_____

2. Parents/Guardian Name (if you need additional space, you may add a page).

Father _____ Mother _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (please include area code) _____

3. Have you ever had any U.S. Military Experience? Yes _____ No _____

Was your discharge honorable? Yes _____ No _____. Branch/Dates of Service/Terms of Discharge

4. Have you ever been convicted of a misdemeanor or felony? (exclude parking violations)

Yes _____ No _____ If yes please explain

II. LETTERS OF RECOMMENDATION

5. Please provide the names of the individuals who will be writing letters of recommendation for you. These letters must be from academic professors or professional affiliates.

1. Academic _____ Professional _____ Name _____

2. Academic _____ Professional _____ Name _____

3. Academic _____ Professional _____ Name _____

III. ACADEMIC INFORMATION

6. Were you ever the recipient of any action for unacceptable academic performances, (including but not limited to academic probation or academic warning) or were you ever the recipient of any action for conduct violations by any college or school? Yes _____ No _____ If yes, were you ever denied readmission? Yes _____ No _____. Please explain.

7. List all other degrees and/or education. Please list most recent first, you may add additional pages.

<u>Name of School</u>	<u>City, State</u>	<u>Dates Attended</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. How did you learn of the program?

CERTIFICATION

I understand it is my responsibility to make sure that my application is complete.

"I certify that all responses to the questions and any information given herein are my own and true. For the purpose of determining admission, I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to the Western University of Health Sciences. I understand that if any of the information provided in this application is misleading or untrue, whether resulting from an affirmative misstatement or from the omission of material information, my application may be rejected immediately, any offer of admission to me may be withdrawn, or I may be dismissed from Western University of Health Sciences following admission."

"I hereby waive my right of access to any and all confidential recommendations with respect to my (I) admission to any educational agency or institution, (II) application for employment and (III) receipt of an honor or honorary recognition, which are part of my education records at the Western University of Health Sciences."

"I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendations will be used solely for the purpose for which they were specifically intended."

Signature

Date