

*Western University of Health Sciences*  
**College of Allied Health Professions**  
**Master of Science in Health Sciences**

**APPLICATION CHECKLIST**

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This checklist is provided to help you submit your on-line application and all required supporting documents.

<b>Date Completed</b>	<b>Document</b>
_____	<b>A) ON-LINE APPLICATION</b> Non-refundable application fee of \$35 is paid online by credit card at the time you submit your application
_____	<b>B) STATEMENT OF PURPOSE</b> Please state your career goals and how you intend to apply WesternU's mission to your goals and how you will use this degree.
_____	<b>C) CURRENT CURRICULUM VITAE</b>
_____	<b>D) LETTERS OF RECOMMENDATION</b> Three letters of recommendation are required, in any combination, from academic professors who taught you a course, or from professional colleagues.
_____	<b>E) OFFICIAL TRANSCRIPTS</b> Official transcripts from every college/university attended. Transcripts must be received directly from the college/university to be considered official.
_____	<b>F) GRE</b> , Please refer to the Admissions FAQ's on the <a href="#">Prospective Students Webpage</a> .
_____	<b>G) TOEFL</b> , Please refer to the Admissions FAQ's on the <a href="#">Prospective Student Webpage</a> .

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Documents may also be mailed to:

Western University of Health Sciences  
Enrollment Data Services – MSHS Program  
309 E. Second Street ■ Pomona, CA 91766 – 1854  
(909)469 – 5335

Rev. 7-10-2013