



MIDWESTERN UNIVERSITY
College of Health Sciences
2010-2011

Application for Admission as Student at Large

PERSONAL INFORMATION (Please type or print in black ink)

Social Security Number: _____ - _____ - _____

Full Legal Name:			
Last	First	Middle	
Other Name(s) under which you may have educational records:			
Last	First	Middle	
Preferred or Nickname:			
Preferred Mailing Address (all correspondence will be sent to this address until otherwise notified):			
Street	City	State	Zip Code
Permanent and/or Legal Residence:			
Street	City	State	Zip Code
Which method (below) do you prefer to be contacted?			
Home Telephone Number Area Code ()	Work Telephone Number Area Code ()	e-mail Address:	
U.S. Citizen or National?	If no, indicate status and enclose documentation:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Temporary Non-Citizen Visa Type _____		
Were You Ever in the Military?	If yes, indicate type/date of discharge:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Honorable _____ <input type="checkbox"/> Dishonorable _____ <input type="checkbox"/> Other _____		

DEMOGRAPHIC INFORMATION

The optional demographic will be used to help evaluate our efforts relative to providing equal educational opportunity for all incoming students. These data are optional and will not be used as selection criteria during the admission process. Various accrediting agencies rely on us to provide them with an accurate portrayal of our applicant pool.

Gender:	Birthdate:	Birthplace: (city, state, country)
<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
Ethnic Origin:	Racial Origin (check all that apply):	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Non -Hispanic / Latino	<input type="checkbox"/> Black	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Other :	

HEALTH PROFESSION INFORMATION

Do you hold a current license as a health professional? Yes No

Health profession	State issuing license	License Number
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ACADEMIC INFORMATION

List all regionally accredited colleges or universities that you have attended or are currently attending (you may use a separate piece of paper. The **Number of Credit Hours** should be reported on a semester hour basis. If an institution you attended uses a quarter system, please place "QH" next to the reported number.

NAME OF INSTITUTION LOCATION (City, State)	ATTENDANCE DATES <i>From Mo./Yr. To Mo./Yr.</i>	DEGREE/DATE	SEM./QTR. HOURS COMPLETED	MAJOR	OVERALL GPA (4-point scale)

Applicants without a Post Baccalaureate Degree

Applicants without a post baccalaureate degree must submit evidence of content equivalent to a Master’s degree in an area of clinical practice and in the utilization of scholarly information. Acceptable forms of evidence include notarized copies of certificates of completion, copies of publications, copies of handouts from invited presentations and documentation of teaching experience. ***Applicants with a Master’s degree or higher are exempted from this requirement.***

Criteria 1: Demonstrates to advanced clinical knowledge

Documentation supporting attainment of one of the following criteria is required for admission.

- Completion from a credentialed residency or fellowship program
- Certification as a clinical specialist
- Certification from a recognized professional organization (e.g.;certified by the National Strength and Conditioning Association as a Strength and Conditioning Specialist®, certified by Academy of Lymphatic Studies as a lymphedema Specialist, neurodevelopmental therapy certificate)
- Instructor of two or more distinct short courses on advanced practice topics approved by a professional association or state licensing board for continuing education of health professionals
- Completion of two or more clinically-oriented graduate courses with a grade of B or higher.

Criteria 2: Demonstrates Ability to Use Scholarly Information

Documentation supporting attainment of one of the following criteria is required for admission.

- One or more scholarly publications in a peer-reviewed journal
- Two or more scholarly presentations in peer-reviewed venues
- Two or more chapters published in professional textbooks
- Completion of two or more courses with a grade of B or higher in research and statistics or requiring the analysis and synthesis of research

Applicant Signature

Date

Notes:

1. The Midwestern University Registration Form must accompany this application
2. The tuition payment must accompany this application (\$503/credit)