

MIDWESTERN UNIVERSITY  
BIOMEDICAL SCIENCES



APPLICATION FOR ADMISSION  
2009–2010

555 31st Street  
Downers Grove, IL 60515  
(800) 458-6253 or (630) 515-6171  
admissil@midwestern.edu  
www.midwestern.edu

## APPLICATION INSTRUCTIONS

The Biomedical Sciences Program uses a “**rolling admissions**” process where applications are reviewed and decisions are made at regular intervals during the admissions cycle until the class is filled. For maximum consideration, students should submit all application materials early in the cycle. To initiate the application process, you must submit all of the following items to the Office of Admissions:

### SECTION ONE: APPLICATION

Complete the entire application. Do not leave any section blank.

### SECTION TWO: APPLICATION FEE

Enclose a *non-refundable, non-waivable* fee of **\$50.00**. Make your check or money order payable to **Midwestern University-MBS**.

### SECTION THREE: RECOMMENDATION FORMS

Two letters of recommendation are required from professionals who know you well (pre-health advisors/committees, science professors, and health professionals). Letters of recommendation must be sent directly from your evaluators to the Office of Admissions.

#### Recommendation Checklist:

- Print your social security number and name in the space provided on the top of the form.
- Check the appropriate space on each form indicating that you waive your right to read the recommendation.
- Sign each recommendation form.
- Give a form and self-addressed envelope to each reference.
- Instruct each reference to enclose the completed recommendation form in the envelope provided. Make sure the recommender signs, seals, and returns the envelope to you for enclosure in your application packet. **Do not break the seal.**

### SECTION FOUR: OFFICIAL TRANSCRIPTS

Obtain official transcripts signed and sealed by the Registrar from all regionally accredited colleges or universities attended. If you are not sure if your school has regional accreditation, consult with the Registrar of the institution. Remember to include transcripts from schools where transfer credits were taken. Only transcripts submitted in sealed and signed envelopes will be accepted. **NOTE:** You will need to use a copy of your transcript(s) to complete our academic self-report worksheet. If you do not currently have a copy, you may want to request one.

#### Students who have completed course work at a college or university outside the US or Canada must also:

1. Submit an **official**, detailed course-by-course evaluation of this work. You must obtain this evaluation from one of the following services:

Education Credential Evaluators (ECE)	(414) 289-3400
Joseph Silny & Assoc. International Education Consultants	(305) 666-0233
World Education Service (WES)	(212) 966-6311

2. Complete at least 30 semester hours of course work at a regionally accredited U.S. college or university before entering Midwestern University's MBS Program. This must include 6 semester hours of non-remedial English courses and 3 hours of non-remedial Speech/Communication.

## SECTION FIVE: ACADEMIC SELF-REPORT WORKSHEET

There are two critical components of the self-report worksheet: the academic information sheet and the science self-report worksheet. Both forms must be filled out completely to ensure full consideration of your application; please carefully read all of the following directions before beginning this section of the application. Use a copy of your transcript(s) to complete your worksheets using the following guidelines (**NOTE:** Do not use the official transcripts in the signed and sealed envelopes). Remember to sign and submit the entire worksheet with your application packet.

### Academic Information

List all of the academic institutions that you have attended.

- Using your transcripts, list the name of each academic institution that you have attended, location, attendance dates, degree, major, number of credit hours, overall GPA, and quality points.
- 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.
- The **GPA** reported should be on a 4-point scale. If an institution you attended uses a 5-point scale, please place "/5" next to the reported numerical grade.

CONVERSION CHART A		
QUARTER HOURS		CREDIT HOURS
1	=	0.7
2	=	1.3
3	=	2.0
4	=	2.7
5	=	3.3
6	=	4.0
7	=	4.7
8	=	5.3
9	=	6.0
10	=	6.7

CONVERSION CHART B		
GRADE		GRADE VALUE
A+/A	=	4.0
A-	=	3.7
A/B	=	3.5
B+	=	3.3
B	=	3.0
B-	=	2.7
B/C	=	2.5
C+	=	2.3
C	=	2.0
C-	=	1.7
C/D	=	1.5
D+	=	1.3
D	=	1.0
D-	=	0.7
D/F	=	0.5
F	=	0

### Science Worksheet

In chronological order, record every **basic science** course (i.e. Anatomy, Biology, Chemistry, Physiology, Physics, Physical Science, Geology, Engineering) you have taken (use an additional sheet of paper if necessary). List **ALL** courses attempted, including prerequisites. This includes repeated courses, failures, pass/fail courses, audited courses and withdrawals. Credit hours should be reported on a semester hour basis. If an institution you attended uses the quarter system, use Conversion Chart (A) provided above. The GPA should be reported on a 4-point scale. If an institution you attended uses a 5-point scale, please use the Conversion Chart (B) provided above.

Please do **not** include courses within the following disciplines on the worksheet: Chiropractic Medicine, Dental Hygiene, EMT, Exercise Physiology, Kinesiology, Mathematics, Medical Assistant, Medical Technology, Nursing, Nutrition, Occupational Therapy, Paramedic, Physical Therapy, Psychology, Radiology, Respiratory Therapy, Speech Pathology, Sports Medicine, etc. All eligible science courses will be determined by the Office of Admissions.

- School Number:** Enter the number you assigned (e.g., 1,2,3) to the institution(s) you attended on the academic information sheet.
- Year/Term:** Identify the year and term the course was completed (e.g., 91/Fall).
- Course Name/#:** Enter the course name and number as it appears on your transcript.
- Semester Hours:** Enter the number of semester hours for each course. All entries must be made in semester hours. If your institution was on a quarter system, refer to Conversion Chart A above.
- Grade:** Enter your grade as it appears on your transcript. Withdrawals and courses that were audited or taken pass/fail should be noted as such.

## CURRENT/PLANNED COURSE WORK

List the course(s) you are currently taking, as well as courses you are planning to complete before you begin the Biomedical Science Program, if accepted.

## SECTION SIX: STANDARDIZED TEST SCORES

You must take the Graduate Records Examination (GRE) General Test, or you may substitute the results from a health profession exam such as MCAT, PCAT, AHAT, DAT, etc. Test results must be sent directly to the Office of Admissions. All tests must have been taken during the past 5 years.

**Institution Code: 1769**

**Department Code: 0618**

## SECTION SEVEN: PERSONAL STATEMENT

Provide a one-page personal narrative. You should include any additional information that you believe may be useful in evaluating your application to the Biomedical Sciences Program.

# MIDWESTERN UNIVERSITY

College of Health Sciences • Master of Biomedical Science Program  
Downers Grove Campus  
2009 – 2010 Application



*Please type or print using black ink.*

## PERSONAL INFORMATION

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
*Last First Middle*

Other Name(s) Under Which You May Have Educational Records: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

**Preferred Mailing Address (all correspondence will be sent to this address until otherwise notified):**

\_\_\_\_\_  
*Street City State Zip Code+4 Digit Postal Code*

**Permanent and/or Legal Residence:**

\_\_\_\_\_  
*Street City State Zip Code+4 Digit Postal Code*

**Contact Information (please place an \* next to preferred contact method):**

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

*The Office of Admissions requires you to have a valid e-mail address. You can obtain a free address from Hotmail.com or Yahoo.com.*

U.S. Citizen or National?  Yes  No

If you checked no, indicate status and enclose documentation:

- Permanent Resident (Please enclose a copy of your permanent resident card)
- Temporary Non-Citizen (F-1 Visa students must complete an International Student Financial Application. Prior to issuing a student Visa, Midwestern University must receive documentation of sufficient financial resources to pay for education costs.)

Were you ever in the military?  Yes  No

If yes, indicate type/date of discharge:  Honorable \_\_\_\_\_  Dishonorable \_\_\_\_\_  Other \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

This data 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**

Male  Female

**Birth Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Birthplace** (city, state, country)

\_\_\_\_\_

**Ethnic/Racial Origin (check all apply):**

- White (non-Hispanic)
- Black (non-Hispanic)
- American Indian or Alaskan Native
- Mexican-American or Chicano
- Puerto Rican
- Other Hispanic
- Asian
- Asian Underrepresented
- Nat. Hawaiian/Pacific Islands
- Other

**Father**

**Mother**

**Spouse**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade  
Level Completed: \_\_\_\_\_ Highest Grade  
Level Completed: \_\_\_\_\_ Highest Grade  
Level Completed: \_\_\_\_\_

Have you applied to a program at this university before?  Yes  No

If yes, state program/date: \_\_\_\_\_

Were you ever the recipient of any action for unacceptable academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) or were you ever the recipient of any action for conduct violations (e.g. probation, suspension, dismissal, etc.) by any college or school?  Yes  No

If yes, please explain (or attach a separate statement): \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony (excluding parking violations)?  Yes  No

If yes, please explain (or attach on separate sheet): \_\_\_\_\_

**Note: If you have a pending misdemeanor or felony, which results in conviction, it is your responsibility to immediately inform Midwestern University College of Health Sciences.**

Have you ever been the recipient of any action (disciplinary, suspension, disqualification, revocation, etc.) relating to any professional license or certification you have ever held?  Yes  No

If yes, please explain (or attach a separate statement): \_\_\_\_\_

**My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Midwestern University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admissions policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, citizenship status, disability, status as a veteran, age, or marital status.*

*\*Applicants must be able (with reasonable accommodations) to meet the technical standards as outlined in the University catalog.*

***If at any time during the admissions process you find it necessary to withdraw your application from consideration, please notify the Office of Admissions in writing (email is acceptable; contact us at [admissil@midwestern.edu](mailto:admissil@midwestern.edu)).***

**Please make a copy of this application to keep for your records.**

**Return your application packet to:**

Midwestern University—MBS  
Office of Admissions  
555 31st Street  
Downers Grove, IL 60515



## ACADEMIC INFORMATION

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

List all regionally accredited colleges or universities that you have attended or are currently attending (you may use a separate piece of paper). Failure to provide complete information may result in subsequent dismissal.

NAME OF INSTITUTION <i>(use the corresponding number when completing your worksheet)</i>	LOCATION <i>(City, State)</i>	ATTENDANCE DATES <i>From Mo./Yr. To Mo./Yr.</i>	DEGREE/DATE <i>(if any, or when expected)</i>	MAJOR	SEMESTER HOURS COMPLETED	OVERALL GPA <i>(4-point scale)</i>	QUALITY POINTS
1)						X	=
2)						X	=
3)						X	=
4)						X	=
5)						X	=
6)						X	=
<b>TOTALS</b>							

Divide the Total Quality Points by the Total Semester Hours to obtain the GPAs. Enter GPAs below. Please note that our minimum Overall GPA requirement to be considered for the **Biomedical Sciences Program is a 2.75 on a 4.0 scale**. Applicants with GPAs below the minimum requirements will not be considered.

OVERALL GRADE POINT AVERAGE CALCULATION					GRE SCORES			
QUALITY POINTS	DIVIDED BY	SEMESTER HOURS	EQUALS	OVERALL GPA	OFFICE USE ONLY	VERBAL	QUANTITATIVE	ANALYTICAL
	÷		=					

## CURRENT/PLANNED COURSE WORK

Please list the course(s) you are currently taking, as well as courses you are planning to complete before you would begin the Biomedical Sciences Program, if accepted.

CURRENT COURSEWORK IN PROGRESS				
CATEGORY	COURSE NAME	SEM./QTR. HOURS	INSTITUTION	DATE TO BE COMPLETED

PLANNED COURSE WORK				
CATEGORY	COURSE NAME	SEM./QTR. HOURS	INSTITUTION	DATE TO BE COMPLETED

## RESUME (REQUIRED)

Please attach a copy of your resume including the following information:

- Educational History (colleges attended and degrees earned)
- Any employment or volunteer experiences in a health care setting
- Any additional employment experiences and/or research experience
- College extracurricular activities, honors, and leadership responsibilities
- Community activities, honors, and leadership responsibilities
- Hobbies and nonacademic interests

## PERSONAL STATEMENT (REQUIRED)

Please attach an essay that includes additional information you believe will be useful in evaluating your application

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**MIDWESTERN UNIVERSITY**  
BIOMEDICAL SCIENCES PROGRAM  
Recommendation Form

**TO THE APPLICANT:** Select references that can rate you on eight or more of the items below. The following section must be completed before sending to the recommender.

**Waiver of Access to Confidential References**

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

- I waive my right to inspect this letter
- I do NOT waive my right to inspect this letter

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

If you do not check one of the above actions or do not authorize this waiver by signature, then Midwestern University will assume you have not waived access.

---

**TO THE RECOMMENDER:** Please evaluate this applicant within each of the categories below using a 5-point scale (with 5 being exceptional and 1 being unacceptable). Eight (8) or more of these items must be marked.

FACTORS	5 ( <i>Exceptional</i> )	4 ( <i>Commendable</i> )	3 ( <i>Satisfactory</i> )	2 ( <i>Marginal</i> )	1 ( <i>Unacceptable</i> )	0 ( <i>N/A</i> )
MOTIVATION						
MATURITY						
INTERPERSONAL RELATIONS						
EMPATHY						
CRITICAL THINKING						
RELIABILITY						
LEADERSHIP						
COMMUNICATION SKILLS						
INTEGRITY						
QUALITY OF WORK						

