

MIDWESTERN UNIVERSITY NURSE ANESTHESIA PROGRAM



APPLICATION FOR ADMISSION

19555 N. 59th Avenue
Glendale, AZ 85308
(888) 247-9277 or (623) 572-3275
admissaz@midwestern.edu
www.midwestern.edu

APPLICATION INSTRUCTIONS

The College of Health Sciences' Nurse Anesthesia Program uses a standard admissions process. Applications will be reviewed and decisions will be made after the **June 1st deadline**. Interviews will be conducted in July and August and selection decisions for the program will be made in August. To initiate the application process, you must submit to the Office of Admissions an application packet that includes the following:

- A properly completed application (see Section One)
- A non-refundable, non-waivable application fee of \$50 (see Section Two)
- Three completed and properly sealed letters of recommendation (see Section Three)
- Official transcripts from each college or university attended (see Section Four)
- A copy of nursing license

SECTION ONE: APPLICATION

To be considered complete, you must provide all information required on the application form. Only **completed** application packets returned to the MWU Office of Admissions will be processed.

Personal Statement/Résumé

You may include any additional information that you believe may be useful in evaluating your application.

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

SECTION TWO: APPLICATION FEE

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

SECTION THREE: RECOMMENDATIONS

Enclose three letters of recommendation. Two must be from professionals and academicians who know you well (we will accept letters from pre-health advisors/committees, science professors, and health professionals). One must be from your immediate nursing supervisor. Letters of recommendation are to be signed, sealed, and enclosed in a signed-across-the-seal envelope, then returned in the application packet.



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

By which method do you prefer to be contacted?

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

The **optional** demographic and family data 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 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: _____

Other than nursing, have you ever enrolled in a health profession's education/training program as a candidate for a certificate or degree?

 Yes No If yes, please explain: _____Have you ever applied to a program at this university before? Yes No

If yes, state program/date: _____

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): _____

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.**CRITICAL CARE EXPERIENCE**

Please list the critical care employment experiences in which you have participated. Include the approximate number of hours experienced; calendar year(s) of experience; name of setting; and description of the type of experience. On a maximum of two additional sheets of paper you must describe your critical care experience.

START Mo./Yr.	ENDED Mo./Yr.	NO. OF HOURS PER WEEK/MONTH	PLACE OF EXPERIENCE (Name, City, and State)	EXPERIENCE TYPE

EXTRACURRICULAR AND COMMUNITY ACTIVITIES

ORGANIZATION	AWARDS/HONORS	ROLE/ACTIVITY	NO. OF HOURS (Per week, month, etc.)	DATES

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 signed and sealed 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.

Transcript Checklist:

- Send a transcript request and one of the enclosed transcript envelopes to the Registrar at each college or university that you attended.
- Instruct each Registrar to enclose your transcript in the envelope provided. Make sure the Registrar signs, seals, and returns the envelope to you for enclosure in your application packet. Do not break the Registrar's seal. **NOTE:** We will not accept photocopies of transcripts. If you require more than two envelopes, you may create your own.
- If you attended a college or university outside the U.S. or Canada, you must 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 & Associates International Education Consultants	(305) 666-0233
World Education Service (WES)	(212) 966-6311

NOTE: Students who have completed course work at a foreign college or university must complete at least 30 semester hours of course work, including 6 hours of English Language course work with a grade of “B” or better, at a regionally accredited U.S. college or university before entering Midwestern University’s Nurse Anesthesia Program.

SECTION FIVE: ACADEMIC INFORMATION

The academic information sheet and prerequisite checklist are critical components of the application process. Both forms need to be filled out completely to ensure full consideration of your application. Please carefully read all of the following directions before completing the forms. Use a copy of your transcript(s) to complete your information sheet using the following guidelines (**NOTE:** Do not use the official transcripts in the signed and sealed envelopes).

Academic Information

List all of the academic institutions that you have attended.

1. Using your transcripts, list the name of each academic institution that you have attended, location, attendance dates, degree, major, number of credit hours and overall GPA.
2. 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.

Prerequisite Checklist

The prerequisite class Statistics is required, *not optional or suggested*. The prerequisite course must be completed with a grade of “B” or better by June 1, 2008.

Return your completed application to:

Midwestern University
Office of Admissions
19555 N. 59th Avenue
Glendale, Arizona 85308

For more information, please visit our website at
www.midwestern.edu/crna/