

MIDWESTERN UNIVERSITY  
CARDIOVASCULAR SCIENCE PROGRAM  
PERFUSION EDUCATION



APPLICATION FOR ADMISSION

19555 North 59th Avenue  
Glendale, AZ 85308  
(800) 247-9277 or (630) 572-3275  
admissaz@midwestern.edu  
[www.midwestern.edu](http://www.midwestern.edu)

## PERFUSION EDUCATION

The Cardiovascular Science Program uses a “**rolling admissions**” process in which completed applications are reviewed and decisions are made at regular intervals during the admission cycle. Admission to the Cardiovascular Science Program is considered on a competitive basis. Multiple criteria are used to select the most qualified candidates from an applicant pool that exceeds the number of seats available. Applications received are reviewed by the Office of Admissions for completeness, and referred to the Director of Cardiovascular Science and/or the Director of Admissions to determine eligibility for an interview. Final acceptance into the Cardiovascular Science Program is determined by the Cardiovascular Science Admissions committee with the approval of the Director of Cardiovascular Science. Decisions for acceptance are made until the class is filled. Candidates are encouraged to submit a completed application early in the admissions cycle to maximize their competitiveness.

To initiate this selection process, you must submit to the Office of Admissions an application packet that includes the following:

- A properly completed application (all information must be completed, unless designated as optional)
- A **non-refundable, non-waivable** application fee of **\$50.00**
- Two completed and properly sealed letters of recommendation
- Official transcripts from each college or university attended

NOTE: Re-applicants must resubmit all of the above. The Office of Admissions will not reuse transcripts, letters of recommendation, or any documentation submitted for previous application cycles.

## REQUIREMENTS FOR ADMISSION

To be considered for admission to the Cardiovascular Science Program, the applicant must:

- Hold a bachelor’s level (or its equivalent, i.e. 120 semester hours) or higher degree from a regionally accredited college or university professional program;
- Complete all required prerequisite coursework before matriculating to the program
- Achieve a minimum cumulative grade point average of 2.75 on a scale of 4.00;
- Complete the enclosed Cardiovascular Science Program application form; and
- Complete the Cardiovascular Science Program’s interview process (by invitation only).

## APPLICATION INSTRUCTIONS

To be considered complete, you **must** provide all information requested on the application form (except for the optional section). **Only completed applications should be returned to the MWU Office of Admissions will be processed.**

**Please refer to the following instructions when completing the application:**

### Application Fee

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

### Recommendation forms and letters

Request **two** letters of recommendation from professionals who know you well. One recommendation **must** come from a health care professional; the other may come from either a colleague in your professional field or an academic source (professor or advisor). Letters of recommendation are to be attached to the forms provided with the application. Print your name and social security number on each form, and check the appropriate space on the ‘Waiver of Access to Confidential References’ section. Sign each form, and give to the recommender with a self-addressed envelope. After enclosing the form and letter, each recommender must sign the envelope across the back, and return it to you for submission with the application packet.

### Required Personal Statement:

On a separate sheet of paper, please include information that you believe may be useful in evaluating your application.

### CV/Resume:

Please attach a CV or resume detailing all full-time and part-time employment, and volunteer work related to your professional experience.

### 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.

**Transcript Checklist:**

- Send a transcript request and one of the enclosed transcript envelopes to the Registrar at each college or university that you attended. If you require more than two envelopes, you may create your own.
- Instruct each Registrar to enclose your transcript in the envelope provided. Make sure the Registrar seals, signs 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 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
Josef 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 outside Canada must complete at least 30 semester hours of course work (including 6 hours of non-remedial English) at a regionally accredited U.S. college or university before entering Midwestern University's Cardiovascular Science Program.

**Academic Information**

In order to process your application accurately, it is important that you 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.
3. The GPA should be reported on a 4-point scale. If an institution you attended uses a 5-point scale, please do not calculate the institutional or overall GPA.
4. For each institution attended, multiply the semester hours completed by the institutional GPA to obtain the quality points earned.
5. Total all quality points and all semester hours at the bottom of the appropriate columns.
6. Divide the total quality points by the total semester hours to obtain the overall GPA.
7. Enter the overall GPA in the appropriate column at the bottom of the academic information page.

**Prerequisite Checklist**

Use your transcript(s) as a reference to complete the Prerequisite Checklist (p.9). Enter the school number, year/term, course name/#, semester hours completed, and grade. Credit hours should be reported on a semester hour basis. If an institution you attended follows the quarter system, please use Conversion Chart A provided on the following page. A list of acceptable courses to meet prerequisite requirements has been provided (p. 8). The prerequisites listed are required, not optional or suggested. All prerequisite courses must be completed with a grade of "C" or better before entering the Cardiovascular Science Program.

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

Using your transcript(s), in chronological order, record every **basic science** course (e.g., Anatomy, Biology, Chemistry, Physiology, Physics, Physical Science, Geology, Engineering) you have taken on the worksheet. Remember to list **ALL** courses attempted, including prerequisite courses, 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, please 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.

Courses completed within the following disciplines should not be included on the science 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, but the hours and quality points for such courses should not be included in your final GPA calculation.
- Quality Points:** Multiply science semester hours by grade value (see Chart B on the previous page).
- Science GPA:** Divide total quality points by total science semester hours; enter science GPA on academic information page.

## APPLICATION MAILING INSTRUCTIONS

### Please submit your completed application to:

Office of Admissions  
 Cardiovascular Science Program Application  
 Midwestern University  
 19555 N. 59th Avenue  
 Glendale, Arizona 85308

For more information, please visit our web sit at [www.midwestern.edu](http://www.midwestern.edu) or contact us at [admissaz@midwestern.edu](mailto:admissaz@midwestern.edu)

# MIDWESTERN UNIVERSITY

## Cardiovascular Science Program - Perfusion Education 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

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



# 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 To Mo./Yr. Mo./Yr.</i>	DEGREE/DATE <i>(if any, or when expected)</i>	MAJOR	SEMESTER HOURS COMPLETED	X	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 Overall GPA. Enter GPAs below. Please note that our minimum Overall GPA requirement to be considered for the Cardiovascular Science Program is 2.75 on a 4.0 scale. Applicants with GPAs below the minimum requirements will not be considered.

SCIENCE GRADE POINT AVERAGE CALCULATION (FROM PAGE 10)					
QUALITY POINTS	DIVIDED BY	SEMESTER HOURS	EQUALS	SCIENCE GPA	OFFICE USE ONLY
	÷		=		

OVERALL GRADE POINT AVERAGE CALCULATION					
QUALITY POINTS	DIVIDED BY	SEMESTER HOURS	EQUALS	OVERALL GPA	OFFICE USE ONLY
	÷		=		

**MIDWESTERN UNIVERSITY**  
**CARDIOVASCULAR SCIENCE PROGRAM – PERFUSION EDUCATION**  
**REQUIREMENTS AND ACCEPTABLE COURSES**

PREREQUISITES		REQUIRED CREDITS Semester (qtr) hours
<b>BIOLOGY (+ Lab)</b>		<b>8 (12)</b>
Biology of Cells	Cellular & Molecular Biology	Neurology
Biology of Populations	Cellular Physiology	Parasitology
Biology of Organisms	Ecology	Pathology
General Biology (or Principles)	Genetics	Physiology
Anatomy	Hematology	Virology
Bacteriology	Immunology	Zoology
Biochemistry	Microbiology	
<b>INORGANIC CHEMISTRY (+ LAB)</b>		<b>4 (6)</b>
General Chemistry	Physiological Chemistry	Structure & Bonds
Inorganic Chemistry	Qualitative Analysis	Stoichiometry
Medicinal Chemistry	Quantitative Analysis	Analytical Chemistry
Pharmaceutical Chemistry	Readings in Chemistry	
Physical Chemistry	Research in Chemistry	
<b>ORGANIC CHEMISTRY (+ LAB)</b>		<b>4 (6)</b>
Organic Chemistry	Biochemistry	
<b>APPLIED MATHEMATICS</b>		<b>3 (4)</b>
College Algebra	Statistics	
<b>ENGLISH</b>		<b>6 (9)*</b>
Composition	Journalism	Rhetoric
Literature	(Emphasizing composition, communication, and language skills)	
<i>Note: May not include remedial English, foreign language, or English as a Second Language courses</i>		
<b>SOCIAL AND BEHAVIORAL SCIENCE</b>		<b>6 (9)*</b>
Anthropology	Psychology	Sociology
<b>GENERAL EDUCATION ELECTIVES</b>		<b>25 (38)</b>
<i>Including, but not limited to, coursework in the following areas:</i>		
Accounting	Education	Logic
Acting	Ethics	Management
Agriculture	Ethnic Studies	Marketing
Art	Finance	Music
Business	Foreign Language	Mythology
Computers	Geography	Philosophy
Counseling	Government	Political Science
Criminal Justice	History	Religion
Cultural Geography	Humanities	Theater
Economics	Law	Theology
<i>Note: No math or science courses may be used for general education electives.</i>		
<b>TOTAL PREREQUISITE HOURS:</b>		<b>60 (90)</b>

\*Excess hours in English or Social/Behavioral Science may be used toward the 25 hours of General Education Electives.

**MIDWESTERN UNIVERSITY  
 CARDIOVASCULAR SCIENCE PROGRAM – PERFUSION EDUCATION  
 PREREQUISITE CHECKLIST**

REQUIRED COURSES*	SEM HOURS/QTR CREDITS	SCHOOL NO. <i>(refer to Academic Information Sheet)</i>	YEAR/TERM <i>(e.g. 98/Fall)</i>	COURSE NAME	COURSE NO. <i>(e.g. 101L)</i>	SEM/QTR HOURS COMPLETED	GRADE	OFFICE USE ONLY	
BIOLOGY (+ LAB)	8 (12)								
INORGANIC CHEMISTRY (+ LAB)	4 (6)								
APPLIED MATHEMATICS	3 (4)								
ENGLISH	6 (9)								
SOCIAL/ BEHAVIORAL SCIENCE	6 (9)								
GENERAL EDUCATION ELECTIVES	13 (20)								

**\*ONLY GRADES OF "C" OR HIGHER ARE ACCEPTED TO FULFILL PREREQUISITE COURSE REQUIREMENTS.**





## 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 Cardiovascular Science Program, if accepted. Carefully compare your course work to our prerequisite requirements.

CURRENT COURSE WORK 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

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 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 Northwestern University College of Health Sciences.**

**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 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](mailto:admissaz@midwestern.edu)).**

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

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

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

**MIDWESTERN UNIVERSITY**  
COLLEGE OF HEALTH SCIENCES  
CARDIOVASCULAR SCIENCE PROGRAM - PERFUSION EDUCATION  
Recommendation Form

**TO THE APPLICANT: Select recommenders who know you well, and who can evaluate your candidacy for perfusion education. Complete the following section 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.

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**TO THE RECOMMENDER: Please complete the following information and sign this form. ON THE REVERSE, OR ON A SEPARATE PIECE OF LETTERHEAD, PLEASE PROVIDE ADDITIONAL WRITTEN COMMENTS regarding the applicant's suitability for this graduate program and the perfusion profession. Please enclose this completed form in the envelope provided. Seal the envelope, sign your name across the seal and return to the applicant.**

How long have you known the applicant? \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

What is your relationship to the applicant?     Advisor                       Professor                       Employer  
 Other Professional \_\_\_\_\_

Please indicate your recommendation for this applicant:

- I recommend this applicant without reservation.  
 I recommend this applicant with the following reservation(s): \_\_\_\_\_  
 I would not recommend this applicant for admission.  
Why (Optional) \_\_\_\_\_

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**RECOMMENDER (please print): Please enclose this completed form in the envelope provided. Seal the envelope, sign your name across the seal and return the envelope to the applicant.**

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

Title/Occupation: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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