

MIDWESTERN UNIVERSITY
DOCTOR OF HEALTH SCIENCE DEGREE



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 Doctor of Health Science Degree, jointly offered by the Physical Therapy and Occupational Therapy Programs, uses a rolling admissions where applications are reviewed and decisions are made at regular intervals. 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-DHS**.

SECTION THREE: RECOMMENDATION LETTERS

Two letters of recommendation are required from professionals and academicians who know you well. Letters of recommendation must be sent directly from your evaluators to the Office of Admissions.

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.

International Applicants:

An international student must satisfy all of the requirements for admission to the College that apply to a student who has completed all of his/her prerequisite coursework in the U.S. at a regionally accredited college or university. In addition, an international student must demonstrate proficiency in the English language. This may be accomplished by satisfying both of the following requirements:

1. The international student has completed a minimum of two full-time semesters or three full-time quarters of instruction at a postsecondary institution in the U.S. Completed coursework must include a minimum of 50% of the prerequisite science coursework for the College, 6 semester hours of non-remedial English composition, and 3 semester hours of public speaking/speech.
2. The international student must submit official TOEFL scores. A minimum passing score is 550 (paper version, maximum score 677) or 100 (internet version, maximum score 120). The TOEFL scores must be from an exam taken within two years of the anticipated date of matriculation into the College.

If the international student wishes to receive credit for prerequisite coursework completed at a college or university outside the U.S., he/she must submit an official, detailed, course-by-course evaluation of this coursework. The student must obtain this evaluation from one of the following services:

1. Education Credential Evaluators (ECE): 414/289-3400; fax 414/289-3411; www.ece.org; or e-mail info@ece.org
2. Josef Silny & Associates International Education Consultants: 305/273-1616; fax 305/273-1338; www.jsilny.com; or e-mail info@jsilny.com
3. World Education Service (WES): 212/966-6311; fax 212/739-6100; www.wes.org; or e-mail info@wes.org

Based on the official foreign transcript evaluation and the grade earned in the course(s) the College will decide if it will apply any of these credits toward fulfillment of its prerequisites.

SECTION FIVE: ACADEMIC INFORMATION

The academic information sheet needs 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.

Applicants without a Master’s Degree or higher

Applicants without a Master’s degree or higher must submit evidence of content equivalent to a Master’s degree in an area of clinical practice and in the utilization of scholarly information. *Applicants with a Master’s degree or higher are exempted from this requirement.*

Criteria 1: Demonstrates Advanced Clinical Knowledge

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

- Completion of 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.

SECTION SIX: STANDARDIZED TEST SCORES

Graduate Records Examination (GRE) General Test scores must be sent directly to the Office of Admissions. Scores will be accepted for tests taken during the past five years.

Institution Code: 1769

Department Code: 0618

SECTION SEVEN: LICENSURE INFORMATION

A current license as a health professional from a United States jurisdiction (one of the 50 states, the District of Columbia, Puerto Rico, or the Virgin Islands)

Submit a notarized copy of your current license to practice a health profession.

NOTE: Reapplicants must resubmit all of the above. The Office of Admissions will not reuse transcripts, letters of recommendation or GRE score reports submitted for previous application cycles.

Return your completed application to:

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

MIDWESTERN UNIVERSITY

College of Health Sciences • Doctor of Health Science Degree
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

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 _____ Highest Grade _____ Highest Grade _____
Level Completed: _____ Level Completed: _____ Level Completed: _____

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 Midwestern University College of Health Sciences.

RESUME (REQUIRED)

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

- Educational History (colleges attended and degrees earned)
- All employment experiences as a licensed health professional
- Any additional employment experiences
- Professional activities, honors, and leadership responsibilities
- Hobbies and non academic interests (optional)
- Any additional information that you believe will be useful in evaluating your application

PERSONAL STATEMENT (REQUIRED)

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

Please attach an essay that describes

1. Your career goals and how the DHS program will help you to achieve them.
2. Your area of scholarly interest and how the DHS program will help you pursue those interests.

The essay must be typed in 10 or 12 point font, double-spaced and be no more than 4 pages in length.

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 admissil@midwestern.edu).

Before you submit this application, please make a copy for your records.

ACADEMIC INFORMATION

High School Attended _____ Year 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 these numbers when completing your worksheet)</i>	LOCATION <i>(City, State)</i>	ATTENDANCE DATES		DEGREE/DATE <i>(if any)</i>	MAJOR	SEM./QTR. HOURS COMPLETED	OVERALL GPA <i>(4-point scale)</i>	OFFICE USE ONLY
		From <i>Mo./Yr.</i>	To <i>Mo./Yr.</i>					
1)								
2)								
3)								
4)								
5)								
6)								

PLEASE NOTE THAT OUR MINIMUM OVERALL GPA REQUIREMENT FOR APPLICATION TO THE DOCTOR OF HEALTH SCIENCE PROGRAM IS A 3.0 ON A 4.0 SCALE. APPLICANTS WITH A GPA BETWEEN 2.75 AND 2.99 WILL BE CONSIDERED ON AN INDIVIDUAL BASIS.

CURRENT/PLANNED COURSE WORK

Please list any course(s) you are currently taking, as well as courses you plan to complete before enrolling in the DHS Program, if accepted.

CURRENT/PLANNED COURSE WORK IN PROCESS				
CATEGORY	COURSE NAME	SEMESTER HOURS	INSTITUTION	DATE TO BE COMPLETED

PLANNED ENROLLMENT QUARTER

Please identify the quarter (YOU MUST SELECT ONLY ONE) and year in which you plan to begin the program:

Fall Winter Spring Summer

Year: _____

Applicant's Name: _____

Social Security Number: _____

MIDWESTERN UNIVERSITY
DOCTOR OF HEALTH SCIENCE DEGREE
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						
CAPACITY TO CONDUCT SCHOLARSHIP						

