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 evaluator(s) 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
   - 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.
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.

1. 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.

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 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

<table>
<thead>
<tr>
<th>Quarter Hours</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>3</td>
<td>2.0</td>
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<tr>
<td>4</td>
<td>2.7</td>
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<tr>
<td>5</td>
<td>3.3</td>
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<tr>
<td>6</td>
<td>4.0</td>
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<tr>
<td>9</td>
<td>6.0</td>
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<tr>
<td>10</td>
<td>6.7</td>
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### Conversion Chart B

<table>
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<tr>
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<th>Grade Value</th>
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<tbody>
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<td>= 4.0</td>
</tr>
<tr>
<td>A-</td>
<td>= 3.7</td>
</tr>
<tr>
<td>A/B</td>
<td>= 3.5</td>
</tr>
<tr>
<td>B+</td>
<td>= 3.3</td>
</tr>
<tr>
<td>B</td>
<td>= 3.0</td>
</tr>
<tr>
<td>B-</td>
<td>= 2.7</td>
</tr>
<tr>
<td>B/C</td>
<td>= 2.5</td>
</tr>
<tr>
<td>C+</td>
<td>= 2.3</td>
</tr>
<tr>
<td>C</td>
<td>= 2.0</td>
</tr>
<tr>
<td>C-</td>
<td>= 1.7</td>
</tr>
<tr>
<td>C/D</td>
<td>= 1.5</td>
</tr>
<tr>
<td>D+</td>
<td>= 1.3</td>
</tr>
<tr>
<td>D</td>
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<td>= 0.7</td>
</tr>
<tr>
<td>D/F</td>
<td>= 0.5</td>
</tr>
<tr>
<td>F</td>
<td>= 0</td>
</tr>
</tbody>
</table>

**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.
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.
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    Birth Date    Birthplace (city, state, country)
□ Male    □ Female    _______/_____/______

Ethnic/Racial Origin (check all apply):

□ White (non-Hispanic) □ Mexican-American or Chicano  □ Asian

□ Black (non-Hispanic) □ Puerto Rican  □ Asian Underrepresented

□ American Indian or Alaskan Native □ Other Hispanic  □ Nat. Hawaiian/Pacific Islands

□ Other
**Father**

Name: _____________________________  
Occupation: __________________________
Highest Grade Level Completed: ____________________

**Mother**

Name: _____________________________  
Occupation: __________________________
Highest Grade Level Completed: ____________________

**Spouse**

Name: _____________________________  
Occupation: __________________________
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 admis@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
<table>
<thead>
<tr>
<th>SCHOOL NO.</th>
<th>YEAR/TERM</th>
<th>COURSE NAME</th>
<th>COURSE NO.</th>
<th>SEMESTER HOURS</th>
<th>GRADE</th>
<th>FOR OFFICE USE ONLY</th>
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</thead>
<tbody>
<tr>
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<td>98/Fall</td>
<td>General Biology I</td>
<td>101</td>
<td>3</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>98/Fall</td>
<td>General Biology 1 Lab</td>
<td>101L</td>
<td>2</td>
<td>W</td>
<td></td>
</tr>
</tbody>
</table>

Applicant Name: _____________________________________________ SS#: ____________________________
# 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.

<table>
<thead>
<tr>
<th>Name of Institution (use the corresponding number when completing your worksheet)</th>
<th>Location (City, State)</th>
<th>Attendance Dates</th>
<th>Degree/Date (if any or when expected)</th>
<th>Major</th>
<th>Semester Hours Completed</th>
<th>X</th>
<th>Overall GPA (4-point scale)</th>
<th>=</th>
<th>Quality Points</th>
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<td>1)</td>
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<td>5)</td>
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<td>X</td>
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<td>6)</td>
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<td>X</td>
<td>=</td>
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<td>Totals</td>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quality Points</th>
<th>Divided By</th>
<th>Semester Hours</th>
<th>Equals</th>
<th>Overall GPA</th>
<th>Office Use Only</th>
<th>Verbal</th>
<th>Quantitative</th>
<th>Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td>=</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## GRE Scores
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/Planned Course Work

<table>
<thead>
<tr>
<th>Category</th>
<th>Course Name</th>
<th>Sem./Qtr. Hours</th>
<th>Institution</th>
<th>Date to Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Course Name</th>
<th>Sem./Qtr. Hours</th>
<th>Institution</th>
<th>Date to Be Completed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### 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.
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.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>5 (Exceptional)</th>
<th>4 (Commendable)</th>
<th>3 (Satisfactory)</th>
<th>2 (Marginal)</th>
<th>1 (Unacceptable)</th>
<th>0 (N/A)</th>
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</thead>
<tbody>
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<td>Motivation</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Interpersonal Relations</td>
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<td>Reliability</td>
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<td>Leadership</td>
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<td>Communication Skills</td>
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<tr>
<td>Integrity</td>
<td></td>
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<td></td>
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<tr>
<td>Quality of Work</td>
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<td></td>
</tr>
</tbody>
</table>
Please provide additional written comments regarding the applicant’s suitability for this profession. You may attach a separate sheet of paper if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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) __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

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: ________________________________