Bachelor of Health Science

Application

PACIFIC UNIVERSITY OREGON
BACHELOR OF HEALTH SCIENCE
FALL ENTRY
APPLICATION INSTRUCTIONS AND PROCEDURES

Preferred Application Deadline	**July 15**
Notification of Admission Decisions	**Rolling**
Application Fee before June 1st	**Waived**
Application Fee after June 1st	**$50 (US)**

The admissions process is on-going starting January 1 through July 15 and applicants will be admitted on a rolling basis. The accuracy, completeness, and neatness of your application are determining factors in our admission decision. Send all materials together in one packet. **The admissions committee will not evaluate an incomplete application.**

☐ 1. **Application Form -** Type or print clearly all information requested on the application forms. A separate application to the University is **not** required. Your signature is required to validate the information you provide.

☐ 2. **Transcripts** - Submit one sealed, official transcript with all current grades from each college and graduate school you have attended. **Do not open transcript**. Place the sealed transcript in your application packet. A final transcript of any course(s) in progress will be required, including graduation verification if applicable, before an admitted student will be permitted to enroll in the Bachelor of Health Science program.

☐ 3. **Letters of Evaluation** - Secure completed evaluation forms from **two** individuals who know you well, and can comment objectively about your qualifications. **One must be from a supervisor or employer.** The second letter is a personal reference from an individual whom you have known for more than a year. If possible, the personal evaluation should be from a college faculty member. Distribute a copy of the enclosed evaluation form to each person recommending you. Provide a self-addressed, stamped envelope to each reference, ask them to enclose the completed evaluation form (along with the additional typewritten letter, if obtained) and sign it across the seal, and return the envelope to you. *It is your responsibility to include the completed letters of evaluation in your application package.*

☐ 4. **Essays -** Respond to essay questions as instructed.

☐ 5. **Application Fee** - Submit a **non-refundable** application fee of $50 (US) with the application materials. Make the check payable to Pacific University. If someone other than you wrote the check, include your name on the check.

☐ 6. **Resume** – Submit a current resume reflecting a minimum of 2 years experience in a health care environment.

SEND COMPLETED APPLICATION PACKAGE TO:
Office of Admissions
Pacific University Oregon
190 SE 8th Avenue, Ste. 181
Hillsboro, OR 97123

PACIFIC UNIVERSITY OREGON
BACHELOR OF HEALTH SCIENCE PROGRAM
APPLICATION FOR ADMISSION

LEGAL NAME _____
Last First Middle Preferred Name

Other names that may appear on transcripts (if different) _____

Current Address (Until date:_____)_____
Street Apartment Number

_____
City State Zip/Postal Code Country

(_____)_____ (_____)_____ (_____)_____
Home Phone Work Phone Cell Phone E-mail

Permanent Address _____
Street Apartment Number

_____
City State Zip/Postal Code Country

(_____)_____ (_____)_____ (_____)_____
Home Phone Work Phone Cell Phone E-mail

PERSONAL DATA

Social Security Number _____ Date of Birth _____
Month/Day/Year

Legal State of Residence _____ Place of Birth (Country) _____

Are you a citizen or permanent resident of the U.S.? ❍ No ❍ Yes

If no*, of which country are you a citizen? _____

Have you attended Pacific before? ❍ No ❍ Yes If yes, when? _____

Have you ever been dismissed from any school or college? ❍ No ❍ Yes (If yes, explain on a separate sheet.)

How did you first hear of Pacific University Oregon? _____

How did you first hear about the BHS program? _____

Who or what influenced you to apply? _____

Have you applied to other BHS programs? ❍ No ❍ Yes If yes, list the programs to which you have applied or intend to apply:

_____

_____

*NON-CITIZENS

What type of visa do you currently hold? _____
Students holding an immigrant/resident visa should include a photocopy of their visa card with the application. The BHS Program is not allowed to provide F-1 visas to students.

Test of English as a Foreign Language (TOEFL) Date _____ Score _____
Official TOEFL scores required - minimum paper-based test score of 600, computer-based test score of 250, or internet-based test score of 105.

COLLEGE/UNIVERSITY INFORMATION

List all colleges/universities attended (even if for only one course) during and after high school.
Submit official transcripts for each college or university attended. Include official AP and CLEP scores, if appropriate.

From Mo/Yr	To Mo/Yr	Name of College or University (complete name--no abbreviations)	City, State	Degree Earned	Date Transcript Requested

Associate's degree: _____ Major _____

Date received: _____ Institution: _____

REFERENCES

List the name and address of each individual from whom you have requested a letter of evaluation.

Name	Complete Address	Occupation

ESSAY QUESTIONS

1. Write an essay describing your professional goals and how the BHS Program relates to the achievement of those goals. Include decision making criteria, and values and beliefs that influence those decisions. (3 pages maximum)

2. Briefly describe a potential healthcare research topic of interest. How will Pacific's BHS program help you address this issue? (For reference, please visit www.pacificu.edu/bhs for past research projects.)

3. Optional - State any additional pertinent information you think we should know before evaluating your application.

RESUME

Submit a current resume listing previous education, work and volunteer experience. A minimum of two years experience in health care is required. Include any special skills, publications or presentations.

MICROSOFT OFFICE

Students must have knowledge of, or willingness to learn, Microsoft Office Suite 2003 or 2007. The BHS program utilizes Word and Excel (tables, formulas, and calculations).

I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to faculty, staff, and members of the Admissions Committee.

*Signature*_____ *Date* _____

PACIFIC UNIVERSITY OREGON
BACHELOR OF HEALTH SCIENCE PROGRAM
EMPLOYER EVALUATION OF APPLICANT

Name of Applicant _____
Last First Middle

To the evaluator: The person named above is applying to the Bachelor of Health Science program at Pacific University Oregon and has requested that your evaluation be included as part of the information on which we will base our admission decision. Please assist us in our evaluation of this applicant by responding frankly to the questions on this form. If you do not know the applicant well, please return the form to the applicant so that it may be given to another evaluator. An additional typewritten letter of evaluation is optional and not required for completion of this application.

The admission procedure of the Pacific University Oregon graduate programs require the applicant to gather the letters of evaluation (and other documents) and submit a complete set of documents with the application. The advantage of this system is that the applicant knows the application is complete when it is submitted. After completing this form, place it in the envelope provided, seal the envelope, and sign it across the seal. Return it to the applicant who will forward it, unopened, to the Office of Admissions. Thank you for you assistance.

The U.S. Family Education Rights and Privacy Act of 1974 (FERPA) requires that permanent files be open to successful applicants who then enroll in a college or university. To comply with FERPA and to ensure a candid response from evaluators, the Office of Admissions will remove from the applicant's file the completed letters of evaluation of all successful applicants prior to the student entering Pacific University. Thus, your comments will not reach the applicant.

Respond candidly to the following questions.

1. Briefly describe your relationship to this candidate including length of acquaintance.

2. What strengths does this candidate possess (including personal and interpersonal attributes) which encourage your recommendation toward a career in healthcare administration?

3. Does the applicant exhibit any behaviors, attitudes, or personality traits which would be of concern to you? Please describe.

~~OVER~~

4. Rate the following characteristics of the applicant, in relation to the applicant's peers. Check one.	Exceptional Top 10%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	N/A
Interest and concern for others (openness, cooperation, ability to empathize versus sympathize). Comments:					
Written communication skills (effective, concise, well-structured with correct use of grammar, punctuation, and spelling). Comments:					
Oral communication skills (follows a logical thought process, effective in asking appropriate questions and presenting detailed information). Comments:					
Ability to work with others (cooperative, eager to learn, effective at listening, reacts appropriately to criticism). Comments:					
Ability to use common sense, be self-motivated, and work independently. Comments:					
Maturity and emotional stability. Comments:					
Work habits – commitment, punctuality and attendance. Comments:					

5. How would you rate the applicant's prospects for success in the health science program?

❍ Excellent ❍ Above Average ❍ Average ❍ Below Average

6. In a group of 100 qualified applicants, where would you rank this individual?

❍ Top 1% ❍ Top 10% ❍ Top 25% ❍ Top 50% ❍ 25-50% ❍ 0-25%

7. Would you employ the applicant? ❍ Yes ❍ No
Comments:

Signature of Evaluator _____ Date _____

Print name _____ Occupation _____

Employer _____

Complete Address _____ Phone _____

_____ E-mail _____

If the admissions committee has further questions regarding the applicant, may we phone or e-mail you? ❍ Yes ❍ No

Office of Admissions
Pacific University
190 SE 8th Avenue, Ste. 181, Hillsboro, OR 97123
(503) 352-2900 or 1-800-933-9308

PACIFIC UNIVERSITY OREGON
BACHELOR OF HEALTH SCIENCE PROGRAM
PERSONAL EVALUATION OF APPLICANT

Name of Applicant _____
Last First Middle

To the evaluator: The person named above is applying to the Bachelor of Health Science program at Pacific University Oregon and has requested that your evaluation be included as part of the information on which we will base our admission decision. Please assist us in our evaluation of this applicant by responding frankly to the questions on this form. If you do not know the applicant well, please return the form to the applicant so that it may be given to another evaluator. An additional typewritten letter of evaluation is optional and not required for completion of this application.

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Oral communication skills (follows a logical thought process, effective in asking appropriate questions and presenting detailed information). Comments:					
Ability to work with others (cooperative, eager to learn, effective at listening, reacts appropriately to criticism). Comments:					
Ability to use common sense, be self-motivated, and work independently. Comments:					
Maturity and emotional stability. Comments:					
Work habits – commitment, punctuality and attendance. Comments:					

5. How would you rate the applicant's prospects for success in the health science program?

❍ Excellent ❍ Above Average ❍ Average ❍ Below Average

6. In a group of 100 qualified applicants, where would you rank this individual?

❍ Top 1% ❍ Top 10% ❍ Top 25% ❍ Top 50% ❍ 25-50% ❍ 0-25%

7. Would you employ the applicant? ❍ Yes ❍ No
Comments:

Signature of Evaluator _____ Date _____

Print name _____ Occupation _____

Employer _____

Complete Address _____ Phone _____

_____ E-mail _____

If the admissions committee has further questions regarding the applicant, may we phone or e-mail you? ❍ Yes ❍ No

Office of Admissions
Pacific University
190 SE 8th Avenue, Ste. 181, Hillsboro, OR 97123
(503) 352-2900 or 1-800-933-9308

Items below do not have any bearing on the admission decision and are used for statistical purposes only.

Name _____

GENDER ❍ Male ❍ Female

ETHNICITY

Are you Hispanic/Latino? ❍ Yes ❍ No

Check all that characterize your race.
(Note: Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.)

❍ White (non-Hispanic)

❍ Black or African American

❍ Asian

❍ American Indian or Alaska Native

❍ Native Hawaiian or other Pacific Islander

❍ Other _____