

# Masters of Healthcare Administration Dual Degree Program

**Application** 

## PACIFIC UNIVERSITY OREGON MASTERS OF HEALTHCARE ADMINISTRATION – DUAL DEGREE OPTION APPLICATION INSTRUCTIONS

Dual degree applicants must be admitted to a clinical program at the College of Health Professions before they can apply to MHA.

SEND COMPLETED APPLICATION PACKAGE TO:
<b>3. Resume</b> – Submit a current resume reflecting a minimum of 2 years experience in a health or business environment.
2. Essays - Respond to essay questions as instructed.
2. Feepver Perpand to access questions as instructed
<b>1. Application Form</b> - Print clearly all information requested on the application forms. Your signature is required to validate the information you provide.
her in one packet.

Office of Admissions Pacific University Oregon 190 SE 8<sup>th</sup> Avenue, Ste. 181 Hillsboro, OR 97123

### PACIFIC UNIVERSITY OREGON MASTERS OF HEALTHCARE ADMINISTRATION-DUAL DEGREE PROGRAM

Print cle					
ELGIIL	Last		First	Middle	Preferred Name
Other nar	mes that may	appear on transcripts (if different)_			
Current	Address				
			Street		Apartment Number
(	City		State	Zip/Postal Code	
(		( )		( )	
Home Ph	ione	Work Phone		Cell Phone	E-mail
	NAL DAT				
Social Se	curity Numb	er (Last 4 digits only)		Date of Birth	
					Month/Day/Year
Have you	attended Pac	cific before? O No O Yes	If yes,	when?	
Name of	clinical progr	ram you will begin in the fall:		What year? (1 <sup>s</sup>	<sup>t</sup> , 2 <sup>nd</sup> , etc )
Have you	ı ever been di	smissed from any school or college	O No O	Yes (If yes, explain on a se	eparate sheet.)
	Cast 1	a chout the MIIA mass are 9			
How ala	you first near	about the MHA program?			
Who or u	what influence	ed you to apply?			
WIIO OI V	viiat iiiiiueiict	ed you to apply?			
Hava vav	, amplied to a	than MIIA maaamama? O No O V	as If was list	the muceumente which were h	acre amplied on intend to ample
Have you	applied to of	ther MHA programs? O No O Y	es if yes, list	tne programs to wnich you r	nave applied or intend to apply
COLLI	EGE/UNIV	ERSITY INFORMATION			
List all co	olleges/unive	rsities attended (even if for only one cripts for each college or universit		of Pacific University since	your initial enrollment.
From	To	Name of College or Univ		City, State	Date
Mo/Yr	Mo/Yr	(complete nameno abbrev		•	Transcript Requested

#### **ESSAY QUESTIONS**

- 1. Write an essay describing your professional goals and how the MHA 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 MHA program help you address this issue? (For reference, please visit <a href="www.pacificu.edu/mha">www.pacificu.edu/mha</a> 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 or business 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 MHA Program utilizes Word and Excel (tables, formulas, and calculations).

I affirm that all the information contained in this application is true and confalsification of any part of this application is grounds for my disqualification y understand that this application becomes the property of Pacific University application is accessible to faculty, staff, and members of the Admissions Communication.	for admission or dismissal from the program. In addition, ity and is not returnable. I further understand that th
Signature	Date