

For Office Use Only \$30 FW NM

Undergraduate and Graduate Programs Application

Please mail this application and your \$30 (\$15 for Barry alumni) nonrefundable processing fee (payable to Barry University) to:
 Barry University, Health Sciences Admissions, 11300 NE Second Avenue, Miami Shores, FL 33161-6695. For additional information, call
 305-899-3484 • Toll-free: 800-756-6000, ext. 3484 • Fax: 305-899-3232 • E-mail: healthsciences@mail.barry.edu. • Web: www.barry.edu/chs

PERSONAL INFORMATION (Please type or print)

Name _____
Last First Middle

Indicate any other name which may appear on your credentials _____

Social Security Number* _____ - _____ - _____

Address _____
Street Apt.

City State ZIP Country

Phone: Home(_____) _____ Cell (_____) _____ Work (_____) _____ Ext. _____

Fax (_____) _____ E-mail _____

Gender:** Male Female Birthdate** _____ Birthplace** _____
City and State or Country

Citizenship: U.S. Other If other, specify country: _____

If you are not a U.S. citizen, do you require an I-20 (required to obtain a student visa)? Yes No

Type of U.S. visa held (if any): _____

Alien Registration Number (if applicable) _____

Ethnic group membership (*Optional: used for government reporting purposes only*)

- American Indian (05) Black, Non-Hispanic (04) Alaskan Native (07) Caucasian, Hispanic (01)
- Asian (06) Caucasian, Non-Hispanic (02) Black, Hispanic (03) Other _____ (08)

Emergency contact person _____ Relationship _____

Address of emergency contact person _____
Street Apt. (_____) _____ Phone

City State ZIP Country

INTENDED PROGRAM Please check one of the following:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Biology Completion Program‡ (Allied Health Professions) <input type="checkbox"/> BS in Biology Specialization Programs (Allied Health Professions) <ul style="list-style-type: none"> <input type="checkbox"/> Diagnostic Medical Sonography <input type="checkbox"/> Histotechnology <input type="checkbox"/> Medical Technology <input type="checkbox"/> Nuclear Medicine Technology <input type="checkbox"/> Post-Baccalaureate Certificate in Histotechnology (Allied Health Professions; nondegree) <input type="checkbox"/> Cardiovascular Perfusion (BS) <input type="checkbox"/> Occupational Therapy (MS) <input type="checkbox"/> Anesthesiology (MS) (requires supplemental application) <input type="checkbox"/> Biology (MS) <input type="checkbox"/> Biomedical Sciences (MS) | <ul style="list-style-type: none"> <input type="checkbox"/> Post-Baccalaureate/Master of Biomedical Science Combination <input type="checkbox"/> Health Services Administration (MS) <input type="checkbox"/> Certificate in Health Services Administration (Graduate Nondegree). Specify which one: <ul style="list-style-type: none"> <input type="checkbox"/> Health Care Leadership <input type="checkbox"/> Health Care Planning and Informatics <input type="checkbox"/> Long-Term Care Management <input type="checkbox"/> Medical Group Practice Management <input type="checkbox"/> Quality Improvement and Outcomes Management <input type="checkbox"/> Professional Master of Public Health <input type="checkbox"/> Nondegree (excluding certificate programs) or Guest Student |
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Note: Entry into Cardiovascular Perfusion and Occupational Therapy (except for OTRs) programs is in the fall only. Entry into Anesthesiology is in the spring (January) only.

Please indicate anticipated start term: Fall Spring Summer **Year** _____

Anticipated attendance: Full time Part time

How did you learn about this program offered by Barry University? _____

‡This program provides a bachelor's degree in biology with a minor in any of the allied health professions with a clinical component.

Have you attended Barry University before? No Yes If yes, please indicate your dates of attendance: _____

EDUCATIONAL BACKGROUND

List all colleges and professional schools attended. It is your responsibility to request that **an official transcript from each school be sent directly to Barry University, Health Sciences Admissions**. Barry alumni do not need to request a Barry transcript. If a degree is pending, indicate date degree will be awarded and request one transcript be forwarded immediately and one when the **degree is posted** on the transcript. Use an additional page if necessary. **Specify any other name you may have used on transcripts.**

Name, city, state, country of institution(s) attended (Do not use acronyms)	Name used (if different)	Dates of Attendance		Degree and Date Received/Expected
		From	To	

If you have ever received failing grades, been placed on probation, or been dismissed from or denied readmission to any college, explain the circumstances. Please be specific. Use a separate sheet if necessary.

List school, civic, business, professional, or other similar organizations in which you have been active. Circle any in which you have held office. _____

Are you available for a personal interview if requested? Yes No

Graduate Applicants ONLY: Please fill in this additional information:

Undergraduate Major _____ Minor _____

Graduate level courses taken in: _____

RECOMMENDATIONS

Refer to the university catalog for recommendation requirement(s) in each degree program. It is your responsibility to request recommendations in support of your application from the individuals listed below. These recommendations will become a part of your permanent file. **Please ask that all recommendations be directed to Barry University, Health Sciences Admissions.** Recommendations must be sent in a sealed envelope by the endorser using the enclosed recommendation form or letterhead.

Name and Address	Association with Applicant

WRITTEN STATEMENT OF PURPOSE

On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information that you believe will help the admissions committee in the evaluation of your application. **For program-specific requirements, please refer to the university catalog.**



ADMISSION TEST REQUIREMENTS (Refer to the university catalog for test requirements.)

Official scores should be sent to Barry University, Health Sciences Admissions (Institution Code = 5053).

GRE	(Graduate Record Exam – General Aptitude)	Date(s) taken_____	Date planning to take _____
GMAT	(Graduate Management Aptitude Test)	Date(s) taken_____	Date planning to take _____
MCAT	(Medical College Admission Test)	Date(s) taken_____	Date planning to take _____
DAT	(Dental Admission Test)	Date(s) taken_____	Date planning to take _____
TOEFL†	(Test of English as a Foreign Language)	Date(s) taken_____	Date planning to take _____
Other	_____	Date(s) taken_____	Date planning to take _____

OCCUPATIONAL BACKGROUND

List recent positions held, name of employer, and your immediate supervisor. Use an additional page if necessary. You may submit a current resume in lieu of filling out this section.

Occupation/Title	From	To	Name of Employer	Supervisor/Phone Number

All applicants must complete the following certification statement:

I CERTIFY THAT the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Health Sciences Admissions Office, that it is my responsibility to support these credentials, and that concealment of any college-level work – both undergraduate and graduate – will cancel and nullify my application. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that all credentials become the property of Barry University.

Signature of applicant _____ Date _____

*Applicants for admission are advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance or report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you are required to supply your Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

**Birthplace and birthdate are required for international applicants in order to complete an I-20 student visa application form. For all other applicants, the information gathered concerning birthplace, birthdate, gender, or racial/ethnic group will be used for administrative and reporting purposes only. The applicant is not required to answer these questions and refusal to answer them will not affect admission. Any information you give in answer to these questions will be kept confidential.

† Minimum score of 550 on the paper-based test (PBT), 213 on the computer-based test (CBT), or 79 on the internet-based test (iBT)

In administering its affairs, the University shall not discriminate against any person on the basis of race, creed, religion, color, national or ethnic origin, sex, age, or physical disability. This nondiscrimination includes policies and procedures related to membership on the Board of Trustees, the educational program, employment and personnel practices, admissions, scholarships/grant/loan awards, and participation in athletic and other student activities.