SUPPLEMENTAL APPLICATION
PHYSICIAN ASSISTANT STUDIES PROGRAM

PHILADELPHIA UNIVERSITY

APPLICATION FOR:

Bachelor of Science (BS) in Health Sciences/Master of Science (MS) in Physician Assistant Studies—Freshman Option (NO COLLEGE, OR LESS THAN 16 CREDITS)

I WISH TO ENTER IN FALL 20__

PERSONAL INFORMATION

1. NAME: ____________________________
   LAST ____________________________
   FIRST ____________________________
   MIDDLE ____________________________

2. ☐ MALE ☐ FEMALE

3. SOCIAL SECURITY NUMBER: ____________________________

4. Have you ever applied for this program before? ☐ Yes ☐ No
   If yes, when: Fall ______

ACADEMIC BACKGROUND

5. Do you feel your academic record accurately reflects your capabilities? ☐ Yes ☐ No
   If no, why? _________________________________________________________________
   ___________________________________________________________________________

HEALTH CARE WORK EXPERIENCE

Please list all health care work experience below, listing the most recent first. This would include any volunteer experience as well. Use additional paper as necessary.

6. AGENCY: ____________________________
   ADDRESS: ____________________________
   CITY ____________________________
   STATE ____________________________

   YOUR POSITION/TITLE: ____________________________

   ☐ PAID ☐ VOLUNTEER ☐ FULL-TIME ☐ PART-TIME

   DATES: ____________________________ TO ____________________________
            MONTH/YEAR TO MONTH/YEAR

   RESPONSIBILITIES: ____________________________

   ____________________________________________

   What did you like and dislike about this position? ____________________________

   ____________________________________________
7. AGENCY: _______________________________________ ADDRESS: ______________________________
YOUR POSITION/TITLE: ________________________________________________________________

☐ PAID ☐ VOLUNTEER ☐ FULL-TIME ☐ PART-TIME

DATES: _____________________________ RESPONSIBILITIES: __________________________________
MONTH/YEAR TO MONTH/YEAR
_________________________________________________________________________________________

What did you like and dislike about this position? _____________________________________________
_________________________________________________________________________________________

8. AGENCY: _______________________________________ ADDRESS: ______________________________
YOUR POSITION/TITLE: ________________________________________________________________

☐ PAID ☐ VOLUNTEER ☐ FULL-TIME ☐ PART-TIME

DATES: _____________________________ RESPONSIBILITIES: __________________________________
MONTH/YEAR TO MONTH/YEAR
_________________________________________________________________________________________

What did you like and dislike about this position? _____________________________________________
_________________________________________________________________________________________

9. Have you been licensed or certified in any health profession? ☐ Yes ☐ No
If yes, please list.

PROFESSION: __________________________________________ DATE: ____________________________

PROFESSION: __________________________________________ DATE: ____________________________

PROFESSION: __________________________________________ DATE: ____________________________

NON-HEALTH CARE WORK EXPERIENCE

List other employment experience over the past ten years, listing the most recent first. Use additional paper
as necessary.

10. AGENCY: _______________________________________ ADDRESS: ______________________________
YOUR POSITION/TITLE: __________________________________ DATES: ___________________________
RESPONSIBILITIES: ________________________________________________________________
MONTH/YEAR TO MONTH/YEAR
11. AGENCY: _______________________________ ADDRESS: ______________________________
   YOUR POSITION/TITLE: _______________________________ DATES: ___________________________
   RESPONSIBILITIES: _______________________________________________________________________
   ______________________________________________________________________________________

12. AGENCY: _______________________________ ADDRESS: ______________________________
   YOUR POSITION/TITLE: _______________________________ DATES: ___________________________
   RESPONSIBILITIES: _______________________________________________________________________
   ______________________________________________________________________________________

MILITARY EXPERIENCE

13. Have you ever served in the U.S. Military?       Yes       No
   If yes, which branch? ______________________________________________________________________
   Dates of service: ____________________________  Job or career field: ___________________________

14. Are you a veteran of a foreign war?     Yes       No

RECOMMENDATIONS

   Please list the individuals you will be using as references.

15. NAME: _______________________________________ AGENCY: _______________________________
    TITLE: _______________________________________ PHONE NUMBER: _________________________

16. NAME: _______________________________________ AGENCY: _______________________________
    TITLE: _______________________________________ PHONE NUMBER: _________________________

17. NAME: _______________________________________ AGENCY: _______________________________
    TITLE: _______________________________________ PHONE NUMBER: _________________________

I hereby make application to Philadelphia University’s Physician Assistant Studies Program. I am fully aware that if I am admitted I will be expected to comply with all the regulations of Philadelphia University. To the best of my knowledge, the information on this application is true and complete.