

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: _____ RESPONSIBILITIES: _____
MONTH/YEAR TO MONTH/YEAR

What did you like and dislike about this position? _____

7. AGENCY: _____ ADDRESS: _____
CITY STATE

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: _____
CITY STATE

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: _____
CITY STATE

YOUR POSITION/TITLE: _____ DATES: _____
MONTH/YEAR TO MONTH/YEAR

RESPONSIBILITIES: _____

11. AGENCY: _____ ADDRESS: _____
CITY STATE
YOUR POSITION/TITLE: _____ DATES: _____
MONTH/YEAR TO MONTH/YEAR
RESPONSIBILITIES: _____

12. AGENCY: _____ ADDRESS: _____
CITY STATE
YOUR POSITION/TITLE: _____ DATES: _____
MONTH/YEAR TO MONTH/YEAR
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.

SIGNATURE OF APPLICANT

DATE