Application for Admission
Graduate Programs

Philadelphia University
School House Lane & Henry Avenue
Philadelphia, Pennsylvania 19144-5497
Application for Admission to Graduate Programs

Application
Submit the completed application along with a non-refundable fee of $35 made payable to Philadelphia University. Please type or neatly print all information. Students are admitted for the fall, spring, winter or summer semesters, depending on the program. International students are only admitted for the fall and spring semesters. There may be limits to the number of openings available in each program. To apply online, visit the University’s web page at www.PhilaU.edu.

Official Transcript
Arrange for an official transcript from each undergraduate and graduate school you have attended to be sent directly to the Office of Graduate Admissions. Failure to disclose attendance at an institution at the time of application may cause denial of application for admission. International applicants must have all post-secondary transcripts evaluated by an accredited academic credential evaluation service. This official evaluation is to be submitted to the office of the Graduate Admissions in lieu of official transcripts or mark sheets. A listing of accredited evaluation services can be found at www.NACES.org. World Education Service (WES) is Philadelphia University’s preferred evaluation service. For information on World Education Service, please visit www.WES.org.

Recommendations
Use the forms enclosed and have recommendations from two people who are not related to you and who are familiar with your professional and scholastic qualities forwarded to the Office of Graduate Admissions. The programs within the School of Business Administration do not require recommendations.

Standardized Test Results
Request your Graduate Management Admission Test (GMAT) scores (for M.B.A., M.S. Taxation, M.B.A./M.S. in Physician Assistant Studies) or Graduate Record Exam (GRE) scores (for other programs) to be sent to the Office of Graduate Admissions. The University code number is 2666. The Miller Analogies Test (MAT) may be used in lieu of the GRE (except for Textile Engineering). The University code for the MAT is 1654. The standardized test requirement will be waived for those students already possessing a previous master’s degree or those who are C.P.A.s. Applicants must submit documentation of C.P.A. or previous master’s degree. The M.S. in Digital Design, and the M.S. in Disaster Medicine and Management do not require standardized tests. Some programs will award conditional admission, allowing new students to submit the standardized test by the end of the first semester.

Non-degree Candidates
A student applying for admission to the graduate programs may elect to pursue a non-degree program in which he/she may take graduate courses for professional certification or personal enrichment. To apply as a non-degree candidate, a student need only submit an application and transcript indicating a bachelor’s degree was received. This option is available only for the M.S. in Fashion Apparel Studies, M.S. in Textile Design, and the M.S. in Disaster Medicine and Management.

International Applicants
International graduate students may apply for fall or spring semesters only. M.B.A. and M.S. Taxation students may apply for the summer semester. In addition to the credentials listed above, all international applicants must present evidence of proficiency in English by taking the Test of English as a Foreign Language (TOEFL). A minimum score of 550 (paper-based), 213 (computer-based), or 79 (Internet-based) is required. Please send test results directly to the Office of Graduate Admissions. In addition to the application materials, all international applicants must submit a notarized Statement of Financial Support form, a signed International Student Agreement, a $100 deposit and a copy of official bank statements before an I-20 will be issued. If you have any questions or concerns, please feel free to call the Office of Graduate Admissions at 215.951.2943.

Mailing Address
Director of Graduate Admissions, White Corners
PHILADELPHIA UNIVERSITY
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497
215.951.2943
Fax: 215.951.2907
Email: gradadm@PhilaU.edu
800.951.7287
Personal Information

Name: _________________________________________________________________________________________________________

Last        First   Middle   Maiden, if applicable

Social Security Number: ___________________________________________        Male   Female

Address: _______________________________________________________________________________________________________

STREET _______________________________________________________________________________________________________

City    State     Zip Code       Country

Phone:(______) ___________________________ (______) _________________________     __________________________________

Home       Cell                Email

Date/Country of Birth: _______________________________________        ________________________________________________

Month                   Day        Year  Country

I am a U.S. Citizen   Permanent Resident   International Student

If you are an International Student, are you applying for an F-1 Visa through our program?

If yes, country of citizenship: __________________________________

What is your ethnicity?   Hispanic or Latino   Not Hispanic or Latino

What is your race?   White   Black or African American   Asian   American Indian or Alaska Native   Native Hawaiian or other Pacific Islander

Registration Information

Program of Study:

SCHOOL OF ARCHITECTURE
□ M.S. in Construction Management
□ M.S. in Sustainable Design

SCHOOL OF BUSINESS ADMINISTRATION
□ M.B.A.
□ Day M.B.A. (one-year program)
□ M.S. in Taxation

SCHOOL OF DESIGN AND MEDIA
□ M.S. in Digital Design

SCHOOL OF ENGINEERING AND TEXTILES
□ M.S. in Fashion Apparel Studies
□ M.S. in Textile Design, circle one: Print Weave Knit
□ M.S. in Textile Engineering
□ Ph.D. in Textile Engineering

SCHOOL OF SCIENCE AND HEALTH
□ M.S. in Disaster Medicine and Management
□ M.S. in Physician Assistant Studies*
□ M.S. in Occupational Therapy
□ M.S. in Midwifery

* For the M.S. in Physician Assistant Studies Program or the M.B.A./M.S. in Physician Assistant, please apply through the Central Application Service for Physician Assistants (CASPA) at www.caspaonline.org. Request official copies of your transcripts to be sent directly to CASPA. Student copies of transcripts or copies sent to CASPA by the applicant are not acceptable. Letters of reference should be sent directly to CASPA from the person making the reference. Philadelphia University does not require a supplemental application for Physician Assistant Studies applicants.

Combined Degrees:
□ B.S./M.B.A. Program (For current undergraduate students at Philadelphia University only)
□ M.B.A./M.S. in Taxation
□ M.B.A./M.S. in Physician Assistant Studies

Certificate Programs:
□ Post-Master’s Business Certificate
□ Pre-Master’s Business Certificate
□ Construction Management
□ Disaster Medicine and Management
□ Post-Master’s Midwifery Certificate

Entry Semester:
□ Spring (January 20___)
□ Fall (August 20___)
□ Winter (for Disaster Medicine and Management only)
□ Summer I (May 20___)
□ Summer II (July 20___)

I will be a   part-time student   full-time student
Have you ever applied for graduate admission to the University?  ☐ Yes  ☐ No  If yes, when? ______________________________

Have you ever been convicted of a felony, crime, dishonesty, or any other incident involving the threat of violence?  
(Affirmative responses to these questions do not automatically disqualify you from admission)
☐ No  ☐ Yes (If “Yes,” please explain on a separate piece of paper.)

**Educational Information**

List in reverse chronological order all colleges and universities attended for undergraduate and graduate study. Failure to disclose attendance at an institution at the time of application may cause denial of application for admission.

<table>
<thead>
<tr>
<th>College/University Name &amp; Location</th>
<th>Dates Attended</th>
<th>Degrees or Credits Earned</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

Undergraduate Major ____________ GPA _______________________

If you have earned a prior Master’s Degree or are a C.P.A., the standardized test requirement is waived.

Prior Master’s Degree?  ☐ Yes  ☐ No  Are you a C.P.A.?  ☐ Yes  ☐ No

When did you/will you take the ☐ GMAT  ☐ GRE  ☐ MAT (Date of Test) ____________________ Score ____________
When did you/will you take the TOEFL (International Students Only) ______________________ Score ____________

**Employment Information**

List your employment history beginning with your present position. (You may attach a C.V.) Midwifery Applicants: On a separate piece of paper, please also list all of your professional licenses and certification credentials. Include type, license number, and the state/organization of issuance.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Have you ever received disciplinary sanctions from a state licensing board including probation, suspension, or revocation of license? [Affirmative responses to these questions do not automatically disqualify you from admission]  
☐ No  ☐ Yes (If “Yes,” please explain on a separate piece of paper.)

Which career field best describes your current position?

☐ Architecture  ☐ Business  ☐ Communications  ☐ Design  ☐ Computer/Info Science
☐ Education  ☐ Engineering  ☐ Gov’t & Non-Profit Admin.  ☐ Manufacturing Operations  ☐ Health-Related Functions
☐ Midwifery  ☐ Occupational Therapy  ☐ Textiles  ☐ Science/Technology  ☐ Other ______________________________

Do you have tuition remission at work?  Full  Part  None

**Additional Information**

How did you first learn about the graduate programs at the University?

☐ Mail  ☐ PhilaU Web Site  ☐ Fair ______________________________
☐ Live in Area  ☐ Friend/Relative  ☐ Philadelphia University Admissions Office
☐ Alumni  ☐ Placement Office  ☐ School Guides ______________________________
☐ Employer  ☐ Radio ______________________________  ☐ Other ______________________________
☐ Newspaper  ☐ Web Search ______________________________

**Please Note:** Some programs may require additional information. Please refer to the program description to find specific admission requirements for your program.

**Applicant’s signature ___________________________ Date ___________________________

My signature above indicates that the information contained in this application is complete and accurate.
Graduate Studies Recommendation Form

To be completed by Applicant:

Semester:  □ Spring 20__  □ Summer 20__  □ Fall 20__  □ Winter 20__ (Disaster Medicine & Management only)

Program of Study:
- SCHOOL OF ARCHITECTURE
  □ M.S. in Sustainable Design
- SCHOOL OF DESIGN AND MEDIA
  □ M.S. in Digital Design
- SCHOOL OF BUSINESS ADMINISTRATION
  □ M.B.A.
  □ Day M.B.A. (one-year program)
  □ M.S. in Taxation
- SCHOOL OF SCIENCE AND HEALTH
  □ M.S. in Disaster Medicine and Management
  □ M.S. in Physician Assistant Studies*
  □ M.S. in Occupational Therapy
  □ M.S. in Midwifery–Midwifery requires the submission of a specific recommendation form in lieu of this form. The Midwifery Recommendation Form is available for download at www.philau.edu/midwifery.
  □ M.S. in Midwifery–Midwifery requires the submission of a specific recommendation form in lieu of this form. The Midwifery Recommendation Form is available for download at www.philau.edu/midwifery.
  □ M.S. in Fashion Apparel Studies
  □ M.S. in M.S. in Textile Design, circle one: Print  Weave  Knit
  □ M.S. in Textile Engineering
  □ Ph.D. in Textile Engineering

Name: ______________________________________________________________  Social Security Number: ___________________________

Address: ______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Phone: (_____)___________________________ (_____) ________________________ _____________________________________________

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may waive their right of access to recommendations. The choice of the applicant regarding this recommendation is indicated below.

□ I do waive  □ I do not waive my right to inspect the following recommendation.

Signature _______________________________________________________________ Date_______________________________

To the recommender:

The person whose name appears above has applied to the graduate studies program at Philadelphia University. Your appraisal of the applicant’s academic ability, character, and likelihood of success in the program will help us in making an admission decision. Please complete and return this form at your earliest convenience. (If you wish to add additional comments, please do so on the reverse side of the page.)

1. How long have you known the applicant and in what relationship? From ________________ To ___________________________________
   _______________________________________________________________________________________________________________________

2. Please give us your appraisal of the applicant in terms of the qualities listed below.

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written skills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Intellectual ability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Leadership ability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Analytical ability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ability to work with others</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Originality and creativity</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Initiative and perseverance</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

3. I  □ Recommend without reservation  □ recommend  □ do not recommend this applicant to be admitted to the graduate studies program.

4. Recommender’s signature __________________________________________________________ Date __________________________

Recommender’s name ___________________________ Employer ___________________________ Position ___________________________

Home address ____________________________________________ Phone (____) ______________________

City ___________________________________________ State _________ Zip___________ Email ___________________________

Please return to:  □ Director of Graduate Admissions, Philadelphia University, School House Lane and Henry Avenue, Philadelphia, PA 19144-5497. Telephone: 215.951.2943
Philadelphia University is an Affirmative Action, Equal Opportunity Institution.
To be completed by Applicant:

Semester:  ❑ Spring 20___  ❑ Summer 20___  ❑ Fall 20___  ❑ Winter 20___ (Disaster Medicine & Management only)

Program of Study:

SCHOOL OF ARCHITECTURE
❑ M.S. in Sustainable Design

SCHOOL OF DESIGN AND MEDIA
❑ M.S. in Digital Design

SCHOOL OF BUSINESS ADMINISTRATION
❑ M.B.A.
❑ Day M.B.A. (one-year program)
❑ M.S. in Taxation

SCHOOL OF SCIENCE AND HEALTH
❑ M.S. in Disaster Medicine and Management
❑ M.S. in Physician Assistant Studies*
❑ M.S. in Occupational Therapy
❑ M.S. in Midwifery—Midwifery requires the submission of a specific recommendation form in lieu of this form. The Midwifery Recommendation Form is available for download at www.philau.edu/midwifery.

SCHOOL OF ENGINEERING AND TEXTILES
❑ M.S. in Fashion Apparel Studies
❑ M.S. in Textile Design, circle one: Print  Weave  Knit
❑ M.S. in Textile Engineering
❑ Ph.D. in Textile Engineering

Name: ______________________________________________________________  Social Security Number: ___________________________

Address: ______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Phone: (_____)___________________________ (_____) ________________________ _____________________________________________

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may waive their right of access to recommendations. The choice of the applicant regarding this recommendation is indicated below.

❑ I do waive  ❑ I do not waive my right to inspect the following recommendation.

Signature _______________________________________________________________ Date_______________________________

To the recommender:

The person whose name appears above has applied to the graduate studies program at Philadelphia University. Your appraisal of the applicant’s academic ability, character, and likelihood of success in the program will help us in making an admission decision. Please complete and return this form at your earliest convenience.

(If you wish to add additional comments, please do so on the reverse side of the page.)

1. How long have you known the applicant and in what relationship? From ________________ To ___________________________________
_____________________________________________________________________________________________________________________

2. Please give us your appraisal of the applicant in terms of the qualities listed below.

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<td></td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
<tr>
<td>Intellectual ability</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
<tr>
<td>Leadership ability</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
<tr>
<td>Analytical ability</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
<tr>
<td>Ability to work with others</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
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<tr>
<td>Originality and creativity</td>
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<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
<tr>
<td>Initiative and perseverance</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
<td></td>
<td>❑</td>
</tr>
</tbody>
</table>

3. I ❑ Recommend without reservation  ❑ recommend  ❑ do not recommend this applicant to be admitted to the graduate studies program.

4. Recommender’s signature_____________________________ Date __________________

Recommender’s name _______________________________ Employer __________________ Position __________________

Home address ____________________________________ Phone (____) __________________

City __________________________ State ________ Zip __________ Email __________________________

Please return to:  Director of Graduate Admissions, Philadelphia University, School House Lane and Henry Avenue, Philadelphia, PA 19144-5497. Telephone: 215.951.2943

Philadelphia University is an Affirmative Action, Equal Opportunity Institution.
Graduate Assistantship Information

School House Lane and Henry Avenue
Philadelphia, PA 19144-5497
Office of Graduate Admissions
215.951.2943

Philadelphia University offers a limited number of assistantships to selected, qualified, incoming graduate students each year. Assistantships are granted on a very competitive basis, and students in most graduate programs are eligible to apply. (Note: Students in the M.S. in Physician Assistant Studies, M.S. in Midwifery, and the Day M.B.A. program are not eligible.) In exchange for working 20 hours per week fulfilling the assistanship responsibilities, recipients receive tuition remission for nine graduate credit hours in each of the fall and spring semesters and a stipend. Admission to a graduate program at the University is a prerequisite to consideration for appointment to an assistantship.

Assistantship applications received by March 1 will be given priority consideration for the following fall semester (October 1 for students beginning in the spring semester).

CRITERIA: To be considered for a graduate assistantship, the following minimum criteria must be met:
1. Graduate assistantships available only to new incoming students.
2. Full acceptance to a graduate program.
3. Enrollment as a full-time student (nine graduate credit hours each fall and spring term totaling 18 credit hours) while holding the assistantship.
4. Minimum undergraduate grade point average (G.P.A.) of 3.25.
5. Minimum standardized test scores as follows: GMAT 500, MAT 400, or GRE 1070 & 4.0. Should your academic program not require submission of a standardized test for admission, you will not be required to submit standardized test scores as part of your graduate assistantship application.
6. Two professional letters of reference. (Note: These are in addition to the two admission recommendations.)
7. Require no more than five foundation courses.
8. Additional criteria, such as computer skills, research experience, or other skills may be established for specific assistantships by the individual departments.

TO APPLY: The following application materials must be submitted.
* Graduate Assistantship Application
* Two letters of recommendation
* Resume and/or personal statement
* Copy of standardized test scores (if required by academic program)

Note: All application materials must be submitted at one time. Materials (other than standardized test scores) that are submitted separately from the actual graduate assistantship application form will not be considered. The Office of Graduate Admissions will not copy submitted application materials for the assistantship file.

COMPENSATION: Compensation is for one academic year (fall and spring semesters).
1. Tuition remission for nine graduate credits each fall and spring semester.
2. A modest stipend.

Note: Assistantships will be renewed (for a maximum total of two years) on an annual basis based on school/department needs and satisfactory performance. Students must maintain a minimum GPA of 3.25 while holding an assistantship position.
To be considered for a graduate assistantship, an individual must submit an Application for Admission, with official transcripts and test scores, prior to or along with an application for Graduate Assistantship. Please type or print all information.

Name: ____________________________________________________________________________________________

Social Security Number: ________________________________

Gender: Male □ Female □

Address: _____________________________________________________________________________________________
__________________________________________________________________________________________________

Phone: (_____) ___________________ (_____)______________________ ___________________________________

Entry Semester: □ Fall (August 20____) □ Spring (January 20____)

Educational Information:

<table>
<thead>
<tr>
<th>College</th>
<th>Year graduated</th>
<th>Degree earned</th>
<th>Major</th>
<th>GPA</th>
</tr>
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<tbody>
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</tbody>
</table>

Test Results (please indicate the highest score received on the following tests)

<table>
<thead>
<tr>
<th>Test</th>
<th>Score</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRE</td>
<td></td>
<td></td>
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<tr>
<td>MAT</td>
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<td></td>
</tr>
</tbody>
</table>

Please attach a letter that indicates what skills/experience you have which would be useful in a graduate assistantship, a current resume, a copy of standardized test scores, and two recommendations along with this application. Return completed Application for Graduate Assistantship to the Office of Graduate Admissions.
Instructions for International Students

International graduate students who have been admitted to Philadelphia University are eligible to receive a SEVIS I-20 for application for an F-1 visa. Please review the following pages, as the information is intended to help you understand the steps you need to take from now until you arrive on campus.

Please note, the United States Department of Homeland Security (DHS) requires F-1 and J-1 visa applications to pay a one-time fee of $100 to supplement the administration and maintenance costs of the Student and Exchange Information System (SEVIS). The fee must be paid at least three business days prior to applying for your visa, or applying for admission at a U.S. port-of-entry for those exempt from the visa requirement. The fee must be paid prior to submission of a change of status petition or reinstatement application. The fee can be paid to the DHS by mail or online and must be accompanied by a Form I-901. It can be paid by you or by a third party, inside or outside the U.S. If you are denied a visa, the SEVIS fee will not be refunded. However, if you reapply for a new F-1 visa within 12 months of the denial, you will not have to pay the fee again.

To pay by mail
1. Obtain a Form I-901 “Fee Remittance for Certain F, J, and M Non-immigrants.”
   • Download the form from www.FMJfee.com
   • Request the form by phone at 1.800.870.3676 (inside the US)
2. Complete the Form I-901. Be sure to write your name exactly as it appears on your I-20 form.
3. Prepare a check, international money order or foreign draft (drawn on U.S. banks only) in the amount of $100 USD, made payable to “The Department of Homeland Security.”
4. Mail the completed Form I-901 and payment to the address listed on Form I-901.
5. A Form I-797 receipt notice should be mailed within three days of processing the fee. Be sure to make copies of your receipt, and keep it with your other important immigration documents.

To pay online
1. Find the Form I-901 at www.FMJfee.com.
2. Complete the form online and supply the necessary Visa, MasterCard, or American Express information. *Be sure to write your name exactly as it appears on your I-20 form.
3. Print a copy of the online receipt.
4. Be sure to make copies of your receipt, and keep it with your other important immigration documents.

In order for the University to issue your SEVIS I-20, you must submit the following:
• A completed and signed International Student Agreement Form (see page 123).
• A completed notarized Statement of Support Form (see page 127). Students supporting themselves do not submit this form.
• Official bank statements, no more than three months old
• A non-refundable check or money order made payable to “Philadelphia University” in the amount of $100 U.S. dollars. This money will be credited to your account, deducted from your tuition fees, and is in addition to the $100 SEVIS fee discussed above.
• A Transfer Recommendation Form, for students currently studying in the United States. Photocopies of the student’s last I-20 and most recent student visa are also required.

Registration and Orientation
Students must be on campus for International Orientation and registration at least one week prior to the start of classes. You will receive a mailing about orientation from the international student advisor approximately six weeks before classes begin.

Tuition
Graduate tuition for the 2008-2009 academic year is $783 per credit hour. Online tuition for MF courses is $783 per credit hour and for MB courses is $900 per credit hour. Full-time students enrolled in the Physician Assistant Studies program will pay an annual tuition of $30,687. Graduate students who take undergraduate day or evening classes will pay the respective day or evening rate for these classes. An international student fee of $55 per semester will be charged to all graduate students who are not U.S. citizens or permanent residents.

Estimated Expenses
• Tuition: $14,094
• Room and Board: $11,580
• Books, Insurance, etc.: $3,200

English Language Requirement
Courses at the University are taught in English; therefore, all students are required to have proficiency in English. All international graduate students are required to take English reading and writing placement tests before registering for any courses. The tests are scheduled a few days before classes during orientation. If a student misses the scheduled testing session, it is his/her responsibility to report to the Learning and Advising Center for testing before registering for courses. Based on the results of the placement tests, a student may be required to take undergraduate English as a Second Language courses in reading and/or writing. In a case where a student is in need of extensive English preparation, it is University policy to have the student complete an intensive language program elsewhere before he or she enrolls in our graduate program. Any fees associated with these courses are the responsibility of the student.
Full-time Student Status
Requirements to maintain student status as mandated by the U.S. Bureau of Citizenship and Immigration Services:
✓ Have a valid passport and an F-1 student visa.
✓ Be a full-time student (for graduate students this means registering for at least nine credits per semester).
✓ First-year students may not work off campus, but may apply for permission to work after the first year if they can prove financial difficulty. (Permission is rarely granted, so students should not expect to work while in the U.S.)
International Student Agreement Form

Required information for an F-1 Student Visa:

1. In what country were you born? ____________________________________________________________

2. Of what country are you a citizen? __________________________________________________________

3. Of what country are you a permanent resident? _______________________________________________

4. Your date of birth _________________________________________________________________

5. Permanent home address _______________________________________________________________

If I am admitted as a student to Philadelphia University:

1. I understand I must attend Philadelphia University for a minimum of one full semester (nine graduate credits) if I travel to the United States on an F-1 visa granted through a SEVIS I-20 issued by Philadelphia University.

2. I will enroll in the required courses as determined by the graduate studies advisor for international students.

3. I will enroll in and attend at least nine credits of classes each semester.

4. I will not add or drop courses without the approval of the graduate studies advisor for international students.

5. I will accept employment only when approved by Philadelphia University and when authorized in writing by the United States Bureau of Citizenship and Immigration Services.

6. I agree to take an English language placement test before registering for any classes.

7. If necessary, I will enroll in any classes suggested by the University to improve my English ability.

I understand that if I fail to meet the above conditions or if I fail to maintain at least a "B" scholastic average, Philadelphia University will immediately notify the United States Bureau of Citizenship and Immigration Services that my approval has been cancelled and that I will not be permitted to continue my studies at Philadelphia University. Having read and understood all of the above, I agree without qualification to these conditions.

Student’s Name (as it appears on passport): _________________________________________________

Student’s Signature: ____________________________ Date: ________________________________

Please return this form to:

Office of Graduate Admissions
Philadelphia University
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497 USA
International Student Transfer Recommendation Form
(for students currently studying in U.S.)

School House Lane and Henry Avenue
Philadelphia, PA 19144-5497
Office of Graduate Admissions
215.951.2943

Please submit this form to the international student advisor of the institution you currently attend or most recently attended.

Name: _______________________________________________________________________________________________________

Admission (I-94 card number) ________________________________ Student ID # ________________________________

Address ______________________________________________________________________________________________________

I grant permission for the information requested below to be released to Philadelphia University.

Student’s Signature: _____________________________________________________________ Date: _________________________

To be completed by the designated school official

The above named student has applied for admission to Philadelphia University. We request confirmation of his/her status before completing a transfer.

Current immigration status: ☐ F-1 ☐ J-1 ☐ Other ☐ I-94 card expiration date __________

Degree level being pursued at your institution __________________

Date of last attendance at your school ________________________

Has the student been maintaining full-time status at your institution? ☐ Yes ☐ No

To the best of your knowledge, is the student currently in status? ☐ Yes ☐ No

Date student will be released from SEVIS ______________________

Please indicate the dates of any practical training in which the student has participated:

Curricular _____________________ Optional ___________________ J-1 Academic _________________________________

Comments ___________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Name and title of DSO completing this form: _______________________________________________________________________

Signature: _____________________________________________________________________ Date: ________________________

Name of institution: ___________________________________________________________________________________________

Address: _____________________________________________________________________________________________________

Telephone number: (____)__________________ Email address: ________________________________________________________

Please return completed form to:
Office of Graduate Admissions
Philadelphia University
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497 USA
Statement of Financial Support

Student's Name ________________________________________________________________

Sponsor's Name ________________________________________________________________

Sponsor's Address ______________________________________________________________

____________________________________________________________________________

Sponsor's Occupation ___________________________ Annual Salary $US __________________

Relationship to Applicant ______________________________________________________

I certify that I will provide financial support for _____________________________________

who resides at ____________________________________________________________________

____________________________________________________________________________

to come to the United States and study at Philadelphia University. I am willing and able to maintain and support the prospective student. I am ready and willing to deposit a bond, if necessary, to guarantee that such prospective student will not become a public charge during his/her stay in the United States. I also assure the University that the prospective student whom I am willing to support will not find it necessary to appeal to Philadelphia University for scholarship or other material aid.

*It is only necessary to show one year of financial support.

<table>
<thead>
<tr>
<th></th>
<th>1st Year</th>
<th>2nd Year</th>
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</thead>
<tbody>
<tr>
<td>Total available from sponsor in US $</td>
<td></td>
<td></td>
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<tr>
<td>Total $ available from parent (if not sponsor) in US</td>
<td></td>
<td></td>
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<tr>
<td>Available from scholarships/sponsoring organizations</td>
<td></td>
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<tr>
<td>TOTAL available from all sources</td>
<td></td>
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</tbody>
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Signature of the sponsor _______________________________________________________

Sworn to and subscribed this ___________ day of _________________, ____________

Signature of Notary __________________________________________________________

NOTE: Attach official Bank Statements and Documentation
The Midwifery Institute of Philadelphia University
Clinical Site

The Midwifery Institute requires that students obtain their own clinical sites. After you have confirmed your clinical site, please notify us so that we may send an interview form and accompanying information to the potential preceptor. **Important: if you intend to use multiple sites, please list them below.**

Applicant Name_____________________________________________________________________________________

Primary Preceptor Name:_____________________________________________________________________________

Site Name:_________________________________________________________________________________________

Address:___________________________________________________________________________________________

City, State, Zip: _____________________________________________________________________________________

Telephone: ______________________________________ Fax (if known):_________________________________

After the interview, insure that the site sends the completed interview forms directly to the Admissions Coordinator at the Institute.

The Midwifery Institute maintains a Quality Assurance Program that includes the verification of credentials of potential preceptors. In order for a student to begin clinical in a site, a number of requirements must be met by the preceptors, and an affiliation agreement between the clinical agency and the Institute signed. Once the student is accepted into the program, the process is initiated. In the unlikely event that the Institute is unable to sign an affiliation agreement with a clinical agency, the student may be asked to undertake clinical in an alternative site.

Primary Preceptor Name:_____________________________________________________________________________

Site Name:_________________________________________________________________________________________

Address:___________________________________________________________________________________________

City, State, Zip: _____________________________________________________________________________________

Telephone: ______________________________________ Fax (if known):_________________________________

Primary Preceptor Name:_____________________________________________________________________________

Site Name:_________________________________________________________________________________________

Address:___________________________________________________________________________________________

City, State, Zip: _____________________________________________________________________________________

Telephone: ______________________________________ Fax (if known):_________________________________
To be completed by Applicant:

Name: 
Address: _____________________________________________________________________________________________________ 
_____________________________________________________________________________________________________________

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Applicants may waive their right of access to recommendations. Failure to sign this form constitutes a waiver of the applicant’s right to review this recommendation.

☐ I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.

☐ I do not waive my right of access to any information contained in this recommendation form.

Applicant: Signature_________________________________________________ Date _______________________________

Evaluator

Please answer the questions listed below according to your knowledge of the applicant. Thank you for your assistance.

1. How long have you known the applicant? _________________________________________________________________

2. What is your relationship with the applicant? _____________________________________________________________

Place a rating number for each question, followed by a brief comment on the applicant’s strengths and weakness in the following areas.

4 = Outstanding  3 = Above Average  2 = Average  1 = Below Average  0=No basis for judgment

3. Academic or intellectual ability: (  ) ____________________________________________________________________________________________________________

4. Verbal communication skills: (  ) ____________________________________________________________________________________________________________

5. Written communication skills: (  ) ____________________________________________________________________________________________________________

6. Ability to accept and utilize constructive criticism: (  ) _________________________________________________________________________________________

7. Motivation and/perseverence: (  ) __________________________________________________________________________________________________________

8. Interactions with clients and/or patients: (  ) __________________________________________________________________________________________________
9. Empathy: ( )

_____________________________________________________________________________________________

10. Emotional stability/maturity: ( )

_____________________________________________________________________________________________

11. Problem solving skills/critical thinking: ( )

_____________________________________________________________________________________________

12. Ability to get along and work with others: ( )

_____________________________________________________________________________________________

13. Integrity: ( )

_____________________________________________________________________________________________

14. Accountability: ( )

_____________________________________________________________________________________________

15. Leadership: ( )

_____________________________________________________________________________________________

16. Additional comments: _____________________________________________________________________

_____________________________________________________________________________________________

17. May we contact you for additional information? ☐ Yes  ☐ No

18. Overall recommendation (please check one):

☐ This applicant has my highest recommendation
☐ I recommend this applicant highly, without reservation
☐ I recommend this applicant
☐ I recommend this applicant, with some reservations
☐ I do not recommend this applicant

Name _______________________________________________ Title_________________________ Agency ____________________
Address _______________________________________________________________________ Phone (____) __________________
City _____________________________ State _________ Zip ___________ Email _______________________________________
Signature of Evaluator: ___________________________________________________________________ Date ________________

Please Note: Place this in a sealed envelope, with your signature across the flap, and return to Graduate Admissions, Philadelphia University, School House Lane and Henry Avenue, Philadelphia, PA 19144-5497. Telephone: 215.951.2943

Philadelphia University is an Affirmative Action, Equal Opportunity Institution.
Master’s in Midwifery Recommendation Form

The Midwifery Institute of Philadelphia University
222 Hayward Hall
School House Lane & Henry Avenue
Philadelphia, PA 19144
Telephone: 215.951.2525 FAX 215.951.2526

To be completed by Applicant:

Name: 
Address: ____________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Applicants may waive their right of access to recommendations. Failure to sign this form constitutes a waiver of the applicant’s right to review this recommendation.

☐ I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.

☐ I do not waive my right of access to any information contained in this recommendation form.

Applicant: Signature_________________________________________________ Date _______________________________

Evaluator

Please answer the questions listed below according to your knowledge of the applicant. Thank you for your assistance.

1. How long have you known the applicant?_______________________________________________________________

2. What is your relationship with the applicant?______________________________________________________________

Place a rating number for each question, followed by a brief comment on the applicant’s strengths and weakness in the following areas.

4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average 0=No basis for judgment

3. Academic or intellectual ability: (   ) _______________________________________________________________________________

4. Verbal communication skills: (   ) _______________________________________________________________________________

5. Written communication skills: (   ) _______________________________________________________________________________

6. Ability to accept and utilize constructive criticism: (   ) _______________________________________________________________________________

7. Motivation and/perseverence: (   ) _______________________________________________________________________________

8. Interactions with clients and/or patients: (   ) _______________________________________________________________________________
9. Empathy: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

10. Emotional stability/maturity: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

11. Problem solving skills/critical thinking: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

12. Ability to get along and work with others: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

13. Integrity: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

14. Accountability:( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

15. Leadership: ( )

_____________________________________________________________________________________________

_____________________________________________________________________________________________

16. Additional comments: _______________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

17 May we contact you for additional information?  Yes  No

18. Overall recommendation (please check one):

☑ This applicant has my highest recommendation
☑ I recommend this applicant highly, without reservation.
☑ I recommend this applicant
☑ I recommend this applicant, with some reservations
☑ I do not recommend this applicant.

Name ____________________________________________  Title_________________________  Agency ________________

Address ____________________________________________  Phone (___) ____________________

City _____________________________  State _________  Zip ___________  Email ________________________________

Signature of Evaluator: ___________________________________________________________  Date ____________

Please Note: Place this in a sealed envelope, with your signature across the flap, and return to Graduate Admissions, Philadelphia University, School House Lane and Henry Avenue, Philadelphia, PA 19144-5497. Telephone: 215.951.2943

Philadelphia University is an Affirmative Action, Equal Opportunity Institution.