KU MEDICAL CENTER
The University of Kansas

Master of Health Services Administration

2010 - Fall

For KU Use Only
Date Received
Date Fee Rec'd
Payment Method

KU Medical Center International Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

First Name or Given Name | Middle | Last Name or Family Name | Date of Birth: MM/DD/YYYY

Preferred Name, if different from above | Other name(s) under which your records might be found | Male | Female

Social Security Number (if available)

Home (Current) Address:

Number and Street

City & State/Province

Country | Zip /Postal Code

Phone Number (include country/city code) | Mobile Phone Number

E-mail Address

Permanent Address (if different from current address):

Number and Street

City & State/Province

Country | Zip /Postal Code

Phone Number (include country/city code) | Mobile Phone Number

Country of Citizenship:

Visa Status: F-1 Student Current F-1 Student Requested

Birthplace (City/Country):

Is English your first language? Yes No If No, what is your first language?

Ethnicity

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino.
- No, I am not Hispanic or Latino.

What is your race? Select one or more races.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

Department offering degree	Degree	Academic Program	Academic Plan
Health Policy and Management	Master of Health Services Administration	MEDG	HSAGM-MHS

Term: 2010 - Fall

Masters Degree Level

Non-degree-seeking

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

Full Name of College/University

City/State

Degree | Major

To

Dates of Attendance (MM/YY) | Date Awarded or Expected | GPA

Full Name of College/University

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Full Name of College/University

City/State

Degree | Major

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Dates of Attendance (MM/YY) | Date Awarded or Expected | GPA

Other Information

Please check any which apply to you:

- ☐ Current KU/KUMC student
- ☐ Have APPLIED to KU/KUMC before
- ☐ Have ATTENDED KU/KUMC before
- ☐ Member of US Armed Forces, or a dependent of one
- ☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID: ☐

Are you currently a resident of the State of Kansas? ☐ Yes ☐ No When did you begin continuously living in Kansas? ☐

Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including identification numbers, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

Master of Health Services A 2010 - Fall MEDG HSAGM-MHS

DEPARTMENTAL RECOMMENDATION

☐ Do not admit.
Application will not be forwarded to Graduate Studies.

☐ Calculation of cumulative GPA from official transcripts

Admission recommended with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Department Signature Date

GRADUATE STUDIES ACTION

☐ Date admitted in SAKU

Admission granted with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Graduate Studies Signature Date