



Master of Science Program

APPLICATION FOR ADMISSION

WILKES-BARRE, PENNSYLVANIA 18711
(570) 208-5991 FAX (570) 208-8027

_____ Date received (FOR OFFICIAL USE)

Application fee of \$35.00 required (non-refundable)

To be printed or typed by the Applicant (continued on next page)

Name: _____
First Middle (maiden) Last

Present Mailing Address: _____
Number and street

City State Zip Telephone

Permanent Mailing Address: _____
(if different from above) Number and street

City State Zip Telephone

Email Address: _____

Social Security Number (U.S. citizens only): _____

Date of Birth: _____ Male: _____ Female: _____

Citizenship:
 United States Student Visa Permanent Resident
 Other (specify) Other Visa Status (specify)

Optional Data

Ethnic background (Please check only one.) Are you Hispanic or Latino? Yes No

What is your racial background? (Please check one or more.)

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

Degree Program

I am seeking admission to the following program:

M.S. in Health Care Administration Graduate Certificate in Health Care Administration

Year I wish to begin the Program: _____ Semester: Fall _____ Spring _____ Summer _____

Post-Secondary Education

List in chronological order all post-secondary institutions attended. If you are now attending college, indicate degree you expect to receive and probable date of graduation.

Undergraduate Colleges:

Name Dates of Attendance Degree and Date Received

In what field is your undergraduate degree? _____

Major: _____ Minor: _____

Graduate and professional schools:

Name	Dates of Attendance	Degree and Date Received
_____	_____	_____
_____	_____	_____

Relevant Work Experience If you are now working part-time or full-time, state

Employer's Name: _____

Address: _____ Dates Employed: _____

Title/Primary Responsibilities: _____

Business Telephone: _____ Average Hours Worked per Week: _____

List previous employment experience below, including nature of your work, name of employer, and approximate dates of employment.

Name and Address	Primary Responsibility	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommendations Please list two individuals you will be contacting to provide recommendations.

1. Name: _____ School/Firm: _____

2. Name: _____ School/Firm: _____

_____ Signature	_____ Date
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- Checklist**
- _____ Have you filled out this form completely, enclosed your \$35 application fee, and signed it?
 - _____ Have you sent your official transcripts?
 - _____ Have you arranged for your two letters of recommendation to be sent?
 - _____ Have you sent your one-page personal statement of purpose?
 - _____ If English is not your native language, have you taken the TOEFL exam and had the score reported to King's?
 - _____ Have you enclosed a Professional Resume?

Please return application to:

King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711