



GRADUATE ADMISSION APPLICATION FOR  
MASTER OF SCIENCE OR CERTIFICATE IN HEALTH SERVICES LEADERSHIP

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_  
Last First M.I. Social Security Number

STREET: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME COUNTY: \_\_\_\_\_

HOME TELEPHONE: ( ) \_\_\_\_\_ WORK TELEPHONE: ( ) \_\_\_\_\_

ALTERNATE/MOBILE TELEPHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITIZENSHIP:  U.S. Citizen  Immigrant-Permanent Resident (see below)  
 Non-Resident Alien Country of citizenship? \_\_\_\_\_  
Visa Status? \_\_\_\_\_

a. Seeking Admission  Master Degree  Certificate      b. Starting Term (Fall, Spring, Summer) and Year:

EMPLOYMENT: Current Employer/Title: \_\_\_\_\_

Does your employer offer tuition reimbursement?  Yes  No  Don't Know

Employer Address: \_\_\_\_\_

EDUCATIONAL HISTORY (Please include **all** schools attended):

SECONDARY SCHOOL:

Name	Location	Dates Attended/Graduation
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UNDERGRADUATE COLLEGE OR UNIVERSITY:

College/University	Location	Major/Program of Study/Degree Earned/Dates Attended
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PREVIOUS GRADUATE STUDY:

College/University	Location	Major/Program of Study/Degree Earned/Dates Attended
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Do you propose to transfer any graduate coursework toward your program at Saint Vincent College?  Yes  No

If yes, what course? \_\_\_\_\_

Those who are not native speakers of English must submit recent TOEFL scores.

RACE/ETHNICITY: The information requested below is sought to comply with the U.S. Department of Education reporting procedures. It is *strictly voluntary* and will not affect consideration of your application.

a. Are you Hispanic/Latino?     Yes     No

b. Please indicate predominant category/categories (you may check more than one).

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

VETERAN STATUS:

Are you a military veteran?     Yes     No

**CERTIFICATE APPLICATION CHECKLIST:** Enclose or request each of the following items. Items should be sent to the Graduate Coordinator at the address below.

Application Form

Official Transcripts from ***all*** Colleges Attended

**MASTER APPLICATION CHECKLIST:** Enclose or request each of the following items. Items should be sent to the Graduate Coordinator at the address below.

Application Form

Official Transcripts from ***all*** Colleges Attended

(2) Letters of Recommendation

Personal Statement

Curriculum Vitae or Resume

Application Fee of \$25.00

How did you learn about our program? \_\_\_\_\_

I certify that the information given on this application is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send to:        Office of Graduate & Continuing Education  
                  Saint Vincent College  
                  300 Fraser Purchase Road  
                  Latrobe, PA 15650-2690