



WEST VIRGINIA UNIVERSITY

Health Sciences Admission Application

West Virginia University • PO Box 9815 • Morgantown WV 26506-9815
Tel. 304 293-3521 • 1-800-344-WVU1

Your Nonrefundable Fee must accompany this application.

Dental Hygiene, Medical Technology, Nursing, Occupational Therapy: Resident \$25 • Nonresident \$40
Dentistry \$50 • Physical Therapy \$50

If applying for more than one degree program, please submit an additional application and fee.
Make checks payable to WVU.

Please read instructions carefully. Type or print legibly to minimize delays in processing your application.

1. Social Security Number: _____ - _____ - _____
(For internal use only. Will be kept confidential.)

2. Name: _____
(Last)

(First) (Middle)

3. If you enrolled under a different name at WVU or another institution or college, please print all previous name(s) below.

4. Have you ever **attended** WVU? ____ Yes ____ No IF YES, for which Semester(s)/Year(s)? _____

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5. Mailing Address: **(MA)**

(Street) (Apartment #)

(City) (State)

(Zip/Postal Code)

For Non-U.S. Addresses Only: _____
(Country Name)

Telephone: **(MA)** _____ - _____ - _____
(Country Code) (City Code or U.S. Area Code) (Number)

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6. Permanent Address: **(PA)**

(Street) (Apartment #)

(City) (State)

(Zip/Postal Code)

For Non-U.S. Addresses Only: _____
(Country Name)

Telephone: **(PA)** _____ - _____ - _____
(Country Code) (City Code or U.S. Area Code) (Number)

E-mail Address: _____

7. Name of person to contact in case of Emergency:

(Last)

(First) _____
(Middle Initial)

Relationship: _____

Emergency Address: **(EM)**

(Street) _____
(Apartment #)

(City) _____
(State)

(Zip/Postal Code)

For Non-U.S. Address Only: _____
(Country Name)

Telephone: **(EM)** _____
(Country Code) (City Code or U.S. Area Code) (Number) _____
_____ (Country Code) (City Code or U.S. Area Code) (Business Number) _____

8. Please indicate Year/Term for which you are applying:

YEAR _____ Fall **(08)** August-December
_____ Spring **(01)** January-May
_____ Summer **(05)** May-August

9. Program for which you are applying:

(UG, 09, 0) (8650) _____ Non-degree Nursing (Undergraduate Only)

RN License Number: _____

10. Sex: _____ **(M)**ale _____ **(F)**emale

11. Date of Birth: _____ / _____ / _____ (Ex. Jan. 01, 1980)
Mon Day Year

12. Citizenship Status: _____ **(01)** U.S. Citizen

_____ **(02)** Permanent Resident with Alien Card (Please enclose copy of both sides of card)

_____ **(03)** Refugee

_____ **(04)** * Non-Immigrant/Other Visa Type (Specify Type) _____

* Additional materials may be needed. Please contact the Office of Admissions and Records, International Unit.

13. Ethnic Group: _____ **(01)** White, Non-Hispanic

_____ **(04)** Asian or Pacific Islander

(Required for Federal Reporting) _____ **(02)** Black

_____ **(05)** American Indian or Alaskan native

_____ **(03)** Hispanic

Country of Citizenship: _____ Country of Birth: _____

ALL PREVIOUS EDUCATIONAL EXPERIENCE

14. List chronologically every college, university, high school or any other institution(s) you have attended. ALL institutions/colleges must be reported whether or not credit was earned or transfer credit to WVU is desired. **Where dates are called for, use month and year (MON-YYYY) (Ex. Jan-1975).** Please attach an extra sheet if necessary. **All applicants must fully complete this area.**

Complete Name of Last High School	City & State	Graduation Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete Name of Current & Prior Colleges	City & State	Degree Obtained/Expected (major)	Graduation Date (MON-YYYY)	Attendance Dates (MON-YYYY) From	To
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____

High school transcripts are required for non-WVU applicants with less than 29 credit hours. All transcripts must be official and sent directly from each college attended to the HSC Office of Admissions and Records. (Note: D.D.S. applicants need not send transcripts unless notified.) **Transcripts marked "issued to student" and facsimiles will NOT be accepted.**

15. Please indicate which tests you have completed and the month and year taken.

(Medicine)	(Dentistry)	(Pharmacy)
____ MCAT ____/____ MON YYYY	____ DAT ____/____ MON YYYY	____ PCAT ____/____ MON YYYY
(Dental Hygiene and Nursing)		
____ SAT ____/____ MON YYYY	____ ACT ____/____ MON YYYY	

16. In what extracurricular, community or vocational activities did you participate while in secondary school/college (include offices held)? _____

17. What honors did you receive while in secondary school/college (include honorary societies)? _____

18. Have you previously applied to this program? ____ Yes ____ No

If yes, when _____

19. Have you ever been convicted of a felony ? ____ Yes ____ No

20. Have you ever been convicted of a felony charge involving substance abuse? ____ Yes ____ No

21. Has any college, university, or professional school initiated disciplinary action because of conduct, academic performance, or substance abuse? ____ Yes ____ No

22. Has any certifying and/or licensing agency, authority, or board initiated sanctions or disciplinary action including, but not limited to, probation, suspension, withdrawal, or denial because of conduct, professional performance, or substance abuse? ____ Yes ____ No

If the answer is "Yes" to any of the above questions, please explain.

This space is reserved for a recent passport-style photograph. (optional)

23. Please list the courses you will complete during the current school year.

Course #	Title and Name of Course	Credit Hours
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Fall Term: College Name

Spring Term: College Name

Summer Term: College Name

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I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge. Providing false information can lead to non-acceptance, the nullification of credit and/or dismissal.

Student's Signature _____ Date _____

(Application will not be processed without signature.)

INFORMATION ON RESIDENCY

Are you applying as a WV resident? ____ Yes ____ No If yes, you must complete the following:

COMPLETE THIS SECTION IF YOU ARE CLAIMING RESIDENT TUITION CLASSIFICATION

If you are supported by your parents(s)/spouse, answer each of the following questions as it pertains to **them**. If you are financially independent, check here ____ and answer each of the following questions as it applies to **you**.

Not applicable

Dates of continuous physical presence in West Virginia (month/year)..... ____/____ to ____/____ _____

Date West Virginia Driver’s License was first issued (month/year) ____/____ _____

State/license number of car you drive _____

Exact years of West Virginia Motor Vehicle registration ____/____ to ____/____ _____

Date of West Virginia Voter Registration (month/year) ____/____ _____

Date of purchase of any West Virginia residential property (month/year) .. ____/____ _____

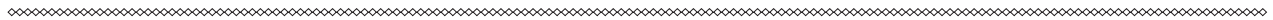
Dates of employment in West Virginia (month/year) ____/____ to ____/____ _____

Exact years West Virginia income taxes have been filed ____/____ to ____/____ _____

Dates of military service, if applicable (month/year) ____/____ to ____/____ _____

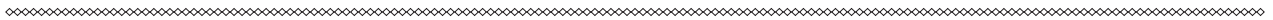
Dates of extended absences from West Virginia (month/year) ____/____ to ____/____ _____
(list absences for 6 months or more)

Students who claim a change in classification may be required to file an Application for Classification as a Resident Student with the Office of Admissions and Records.



HOW TO APPLY FOR FINANCIAL AID

This information applies to all aid administered by WVU, including Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Work-Study, and William D. Ford Federal Direct Student Loans. Students desiring to be considered for a WV Higher Education Grant or any of the types of financial assistance mentioned above, must file a Free Application for Federal Student Aid (FAFSA). The FAFSA may be obtained from your high school guidance office or the WVU Financial Aid Office. It should be available in late December for the next academic year. Please complete and mail the FAFSA, after January 1, to the federal processing agency designated in the FAFSA instruction booklet. The FAFSA must be received by the federal processor on or before March 1 for you to receive maximum consideration for financial aid. Applicants filing the required items indicated above, on or before our March 1 deadline, will receive written notification of action taken. Students whose forms are received after March 1 will be placed on a waiting list and will be notified only in the event that assistance is available.



The **Mountaineer Creed** states that it is dedicated to personal and academic excellence:

- As a Mountaineer I will...
- Practice Academic and Personal Integrity
 - Value Wisdom and Culture
 - Foster Lifetime Learning
 - Practice Civic Responsibility and Good Stewardship
 - Respect Human Dignity and Cultural Diversity

In order to become a meaningful member of West Virginia University, and the society in which I live, I dedicate my energy, my talents, and my intellect to these standards of excellence.

PERSONAL COMMENTS

Provide a statement explaining why you wish to be considered for admission to this program.

(NOTE: Students applying to Dental School (D.D.S.) need not complete this section)

(Physical Therapy applicants must complete this section in handwritten form)

It is the policy of West Virginia University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, disability, or national origin. This nondiscrimination policy also applies to all educational programs and activities as they pertain to student admission, employment and other related activities covered under Title IX, which prohibits sex discrimination in higher education. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office of the President, West Virginia University, Morgantown, WV 26506. Telephone (304) 293-5531.