



JOHN PATRICK UNIVERSITY OF HEALTH & APPLIED SCIENCES

STUDENT APPLICATION

Please submit to:

**JPU Admissions
100 E. Wayne Street, Ste. 140
South Bend, IN 46601**

PERSONAL INFORMATION

If any question does not apply, please leave blank

Primary Name

Given/Personal/First

Middle

Family/Surname/Last

Please list any other name under which credentials may arrive.

Given/Personal/First

Middle

Family/Surname/Last

Birth Date (mm/dd/yyyy)

Birth City, Birth State, Birth Country

Gender

Female

Male

Current Mailing Address

Street Address

Apt./Suite/No.

City

County

State

Zip/Postal Code

Country

Future Mailing Address

Do you anticipate a new address prior to enrollment?

Yes

No

If yes, please provide the new address and the date of change.

Street Address

Apt./Suite/No.

City

County

State

Zip/Postal Code

Country

Date of Change (mm/dd/yyyy)

PERSONAL INFORMATION (Cont.)

Personal Email Address

Work Email Address

Preferred Email for JPU correspondence:

Personal

Work

Home Phone Number

Work Phone Number

Cell Phone Number

Preferred phone for JPU correspondence:

Home

Work

Cell

Do you prefer to receive time sensitive messages from RTU via text message?

Yes

No

US Social Security No.

Country of Citizenship

If you are not a U.S. citizen, but are currently in the U.S., what is your current status with the U.S. Immigration and Naturalization Service?

If you are not a U.S. citizen, but now have permanent resident, refugee, or political asylum status in the U.S., please enter your 8-9 digit registration number that begins with "A".

What is your first language? _____

Ethnic Information: African American

American Indian/Alaskan Native

Caucasian

Asian/Pacific Islander

Hispanic

Other _____

Two or more

Choose not to answer

Ethnic information is gathered in compliance with the Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, and is requested by the U.S. Department of Education. However, you are not required to answer questions about your ethnic origin, and refusal to answer will not affect admission.

Will you require housing near campus?

Yes

No

PARENT/GUARDIAN INFORMATION

(Applicable if you are under 21 years of age)

Given/Personal/First

Middle

Family/Surname/Last

Relationship

Street Address

Apt./Suite/No.

City

County

State

Zip/Postal Code

Country

Home Phone

Given/Personal/First

Middle

Family/Surname/Last

Relationship

Street Address

Apt./Suite/No.

City

County

State

Zip/Postal Code

Country

Home Phone

EDUCATIONAL OBJECTIVES

School of Physics and Radiological Sciences

- | | |
|--|--|
| <input type="checkbox"/> MS Medical Physics | <input type="checkbox"/> AS to MS Medical Dosimetry |
| <input type="checkbox"/> MS Medical Health Physics | <input type="checkbox"/> BS Medical Dosimetry |
| <input type="checkbox"/> MS Medical Dosimetry | <input type="checkbox"/> BS Radiation Therapy |
| <input type="checkbox"/> MS Health Physics | <input type="checkbox"/> Proton Therapy Certificate* |
| <input type="checkbox"/> AS Radiologic Technology | |

School of Medical Imaging Sciences

- | | | | | |
|--|--|---|---|-------------------------------------|
| <input type="checkbox"/> MRI Certificate* | <input type="checkbox"/> CT Certificate* | <input type="checkbox"/> PET Certificate* | | |
| <input type="checkbox"/> BS Medical Imaging (Check the specialization) | <input type="checkbox"/> CT | <input type="checkbox"/> MRI | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Sonography |

School of Business and Informatics

- BS Radiologic Science*

School of Nutritional Health

- Integrative and Functional Nutrition graduate certificate*
- Nutrigenomics graduate certificate*
- Nutrition Oncology graduate certificate*
- Nutritional Counseling graduate certificate*

- Continuing Education**
Undergraduate Courses

Please List: _____

Semester you plan to enter/enroll _____

*Entirely online program. All other programs are hybrid, requiring on-site attendance each semester.

EDUCATIONAL HISTORY

(Please list ALL colleges and/or universities you previously attended)

College/University Name

City

State

Country

Begin Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Degree Earned

Date (mm/dd/yyyy)

If unsure of the day, use "01"

U.S. GPA

(Please convert to the 4.00 grading scale)

Non U.S. GPA

(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

Major

Minor

Hours Completed

College/University Name

City

State

Country

Begin Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Degree Earned

Date (mm/dd/yyyy)

If unsure of the day, use "01"

EDUCATIONAL HISTORY (Continued)

U.S. GPA
(Please convert to the 4.00 grading scale)

Non U.S. GPA
(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

Major

Minor

Hours Completed _____

College/University Name

City

State

Country

Begin Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Degree Earned

Date (mm/dd/yyyy)
If unsure of the day, use "01"

U.S. GPA
(Please convert to the 4.00 grading scale)

Non U.S. GPA
(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

Major

Minor

Hours Completed _____

EDUCATIONAL HISTORY (Continued)

College/University Name

City

State

Country

Begin Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Degree Earned

Date (mm/dd/yyyy)

If unsure of the day, use "01"

U.S. GPA

(Please convert to the 4.00 grading scale)

Non U.S. GPA

(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

Major

Minor

Hours Completed

TEST SCORES

Application may be submitted without submitting any test scores. You may indicate a test you will be taking in the future by listing a future date for the test.

GRE

Test Date (mm/dd/yyyy)

Verbal Score

Verbal Percentile

Quantitative Score

Quantitative Percentile

Have you requested that test results be sent to RTU?

Yes

No

English Proficiency (if applicable)

Test Date (mm/dd/yyyy)

Listening

Reading

Writing

Speaking

Overall Score_____

IELTS

TOEFL (iBT)

TOEFL (cBT)

PTE Academic

TOEFL (pBT)

TOEFL (ITP)

Have you requested that test results be sent to RTU?

Yes

No

WORK EXPERIENCE

Employer Name

Phone Number

Address

City

State

Postal Code

Job Title

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Employer Name

Phone Number

Address

City

State

Postal Code

Job Title

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Employer Name

Phone Number

Address

City

State

Postal Code

Job Title

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

WORK EXPERIENCE (Continued)

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Postal Code _____

Job Title _____

Start Date (mm/dd/yyyy) _____

End Date (mm/dd/yyyy) _____

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Postal Code _____

Job Title _____

Start Date (mm/dd/yyyy) _____

End Date (mm/dd/yyyy) _____

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Postal Code _____

Job Title _____

Start Date (mm/dd/yyyy) _____

End Date (mm/dd/yyyy) _____

PERSONAL STATEMENT

Provide a statement (approximately 750 words) that identifies your personal, educational, and work history, your academic goals, career aspirations, why you are applying to the program, and the qualifications you have that make you a strong candidate for this program.

PUBLICATIONS

Please list any professional or scientific publications you have authored or co-authored

Type of Publication

Authorship

Title

Type of Publication

Authorship

Title

Type of Publication

Authorship

Title

Type of Publication

Authorship

Title

AFFIRMATION STATEMENTS

I certify that John Patrick University of Health and Applied Sciences Academic Catalog has been provided to me through the website, in print, or upon email request and that I have reviewed the aforementioned Catalog.

Yes

No

I understand that withholding pertinent information requested on this application or giving false information on this application will make me ineligible for admission, or will make me subject to cancellation of admission if admission has already been granted or dismissal if already enrolled. I certify that all statements on this application are correct and complete. I give my permission to officials at all institutions I have attended to release information needed by the University to substantiate statements I have made on this application.

Yes

No

Student Comments:
(Limit of 600 characters)

ADDITIONAL DOCUMENTATION NEEDED

Along with this application, please provide the following:

- \$35.00 application fee (non-refundable)
- Official transcripts from all institutions of higher learning attended
 - If you have an unofficial copy of your transcript(s), please provide them with the application
 - Please order an official transcript to be mailed directly to the JPU Admissions Department:

John Patrick University of Health and Applied Sciences
Attn: Linda Murphy
100 E. Wayne Street, Suite 140
South Bend, IN 46601

- Curriculum Vitae / Résumé
- Three reference letters
- Official General Graduate Record Examination (GRE) scores (*for MS degree seeking applicants, if applicable*)
 - JPU Institution code: 7288
 - Department code: N/A

For students applying for Continuing Education (non-degree seeking), please provide the following:

- \$35.00 application fee (non-refundable)
- Official transcript for the highest degree achieved
 - If you have an unofficial copy of your transcript(s), please provide them with the application
 - Please order an official transcript to be mailed directly to the JPU Admissions Department:

John Patrick University of Health and Applied Sciences
Attn: Linda Murphy
100 E. Wayne Street, Suite 140
South Bend, IN 46601

- Curriculum Vitae / Résumé
- Three reference letters (optional)