

it's all
about
Choices...

S H R P

School of Health Related Professions

Application for Admission



UMDNJ
UNIVERSITY OF MEDICINE &
DENTISTRY OF NEW JERSEY

A P P L I C A T I O N

Please read the instructions on the back of this application before entering information.

BIO-DEMOGRAPHICS:

Social Security Number _____ / _____ / _____

Last Name _____ First Name _____ MI _____

(If information needed to process this application is located under a different name, please place such name in the space provided below):

Previous Last Names _____

Permanent Address _____

City _____ State _____ Zip _____ If NJ Resident, County? _____

If NJ resident, how long? _____ Home/Cell Phone _____ / _____ / _____ Business Phone _____ / _____ / _____

Mailing Address _____

City _____ State _____ Zip _____ If NJ Resident, County? _____

Home/Cell Phone _____ / _____ / _____ E-Mail Address _____

*GENDER, BIRTH DATE, ETHNICITY and RACE

* Responses to Gender, Birth Date, Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application

Gender: M F Birth Date _____ / _____ / _____

Please complete both Part I and Part II

Part I – Ethnicity

Select one: Hispanic or Latino Not Hispanic or Latino

Part II – Race

Select one or more: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

CITIZENSHIP:

Documentation of non-immigrant status must be provided.

US Citizen: Yes No Refugee Permanent Resident Alien Reg. Number _____ Exp. Date _____

Country of Citizenship (If not U.S.) _____ Place of Birth: City/Prefecture _____

Visa Classification: B2 F1 F2 J1 J2 H1 H4 TN
 Other Exp. Date _____

ACADEMIC HISTORY:

List all colleges, universities and institutions attended. For undergraduate programs list high school attended or GED. List most recent first and use additional pages if necessary.

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

WORK HISTORY:

Veteran of the Armed Forces? Yes No Vet. File No. _____ Dates of Service _____

Current Employer and Address: _____

Current Employer Telephone Number: _____

Start Date __/__/__ Is position health related? Yes No Title: _____

(List past employer(s) on a separate sheet of paper with address & contact information.)

How did you learn about UMDNJ-School of Health Related Professions? _____

SELECT PROGRAM OF INTEREST:

Term/Year of planned enrollment:

Spring 20 ____ Summer 20 ____ Fall 20 ____

Full-Time Part-Time

Have you previously applied to SHRP?

Yes No If yes, which program? _____

Applying for Readmission?

Yes No

Doctoral Degrees

- Biomedical Informatics (BIP5)
- Clinical Nutrition (CNP5)
- Health Sciences (HSP5)
- Physical Therapy (DPT)
- Psychiatric Rehabilitation (PRP5)

Masters Degrees

- Biomedical Informatics (BI05)
- Clinical Nutrition (CN05)
- Health Sciences (MHS5)
- Health Systems (MSS5)
- Physician Assistant (PAO5)
- Psychiatric Rehabilitation (PSR5)
- Radiologist Assistant (RAO5)
- Rehabilitation Counseling (PRC5)

Graduate Certificates

- Dietetic Internship (DI02)
- Health Care Informatics (HI02)

Bachelors Degrees

- Allied Health Technologies Check Concentration
 - __ Diagnostic Medical Sonography (ADM3)
 - __ Nuclear Medicine Technology (ANM3)
 - __ Respiratory Care (ARC3)
 - __ Vascular Technology (AVT3)
- Clinical Laboratory Science Check Concentration
 - __ Cytotechnology (CY03)
 - __ Medical Laboratory Science (MLS3)

*Identify Co-Sponsoring Institution Currently Attending or check 2nd Bachelors

 Health Information Management (HIM3) or check 2nd Bachelors

Psychiatric Rehabilitation 2nd Bachelors (PSB5)

Health Sciences (HS03/HST3) Check Concentration

- __ Allied Dental Education
- __ Coordinated Dietetics
- __ Health Services Management & Education
- __ Advanced Imaging Sciences

Identify Co-Sponsoring Institution – New Jersey City University or Thomas Edison State College

Check if applying for a 2nd Bachelors

Associate Degrees

- Dental Hygiene*
- Dental Hygiene with Thomas Edison State College
- Psychosocial Rehabilitation*
- Respiratory Care North*
- Respiratory Therapy South*

Undergraduate Certificates

- Cytotechnology (CY02)
- Dental Assisting*
- Diagnostic Imaging Technologies (DT02)
- Diagnostic Medical Sonography (DMS2)
- Dietary Management*
- Medical Laboratory Science (MLS2)
- Nuclear Medicine Technology (NMT2)
- Vascular Technology (VT02)

* To be eligible for these Programs with asterisk, you must already be a student coming from a co-sponsoring institution which is listed on our website at <http://shrp.umdj.edu> (click on admissions, and admissions booklet).

I understand that, as a condition of admission, I may be required to authorize UMDNJ to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to permit the results to be provided by the reporting agency to UMDNJ and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by UMDNJ. If the results of the background check(s) are not deemed favorable by UMDNJ or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed.

I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

I have read and understand the statement of essential functions for the School and/or specific program(s) located at <http://shrp.umdj.edu>, which all students must satisfy for the course of study to which I am applying. If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Health Related Professions will evaluate the reasonableness of the accommodation before acting on the request. The Disabilities Compliance Coordinator may be reached at (973) 972-8594.

Date _____

Signature of Applicant _____

APPLICATION INSTRUCTIONS

Read through the application form and instructions before entering information. All documents and fees must be submitted by the program deadline to be considered.

UMDNJ-SHRP does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

The University is an Affirmative Action/Equal Opportunity Employer

APPLICATION FEE:

A \$75 non-refundable application fee is required to be submitted with this application to: UMDNJ-SHRP, Office of Enrollment Services, 65 Bergen Street, Room #149, Newark, NJ 07107-3001. If you apply to more than one program, add an additional \$50 for each program.

BIO-DEMOGRAPHICS:

- Enter your current full legal name and previous legal name, if applicable. Ensure that your full legal name is on all application materials. If transcripts are under a different name please have current and previous names submitted with transcript.
- Permanent Address indicates your place of permanent residency. Mailing Address represents where you prefer correspondence to be mailed. If your mailing address is likely to change during the admissions process, a permanent address may be better to use.

CITIZENSHIP:

- If you are not a United States citizen, record the country in which you are a citizen and indicate the type of US visa you now hold: (ex. F1 student, J1 exchange visitor, etc...)
- Permanent residents or naturalized citizens must present their original Permanent Resident Card (Green Card), US Passport or Naturalization Certificate to a member of the Office of Enrollment Services for proper verification. Copies will not be accepted as original verification. (Only out of state students will be allowed to present this documentation at a later date).

PROGRAM OF INTEREST:

- Indicate the program for which you are applying. Indicate concentration and/or co-sponsoring institution if applicable. No application will be processed without this information.

ACADEMIC HISTORY:

- Request your college registrar to forward an OFFICIAL COPY of your transcript to the School of Health Related Professions (SHRP). If you have attended an educational institution in a foreign country, you are also required to have the transcript(s) evaluated by a transcript evaluation service (ie. World Education Services). Request that a copy of this evaluation be sent directly to SHRP. Submit your international transcript with a certified English translation if the original is not in English. If you are currently involved in course work, you should list these courses and submit documentation of your registration. Send all documentation to: UMDNJ-SHRP, Office of Enrollment Services, 65 Bergen Street, Room #149, Newark, NJ 07107-3001.
- If you did not attend secondary school in the US or have not completed a sufficient number of college level English courses, you are required to take the Test of English as a Foreign Language (TOEFL). Acceptable scores for TOEFL are as follows: 550 and above for paper based test, 213 for computer based test and 79 for the Internet based test. Some programs may have higher requirements. All results must be forwarded directly to SHRP from the testing agency.

T E S T I N G & T R A N S C R I P T E V A L U A T I O N A G E N C I E S

GRADUATE RECORD EXAMINATION (GRE)

GRE-ETS
PO Box 6000
Princeton, NJ 08541-6000
(609) 771-7670
School Code 3116
www.gre.org

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

TOEFL Services-ETS
PO Box 6151
Princeton, NJ 08541-6151
(609) 771-7100
School Code 2895
www.TOEFL.org

WORLD EDUCATION SERVICES, INC.

Bowling Green Station
PO Box 5087
New York, NY 10274-5087
1-800-937-3895
www.wes.org - Email: info@wes.org

F O R O F F I C E U S E O N L Y :

PROGRAM _____ **TERM** _____ **200** _____

DATE SENT TO DEPARTMENT _____

ACCEPT _____

REJECT _____

NOTES/COMMENTS _____

PROGRAM DIRECTOR SIGNATURE _____ **DATE** _____

In compliance with the Crime Awareness and Campus Security Act of 1990, the annual UMDNJ security report is available from: UMDNJ Public Safety Department, 30 Bergen St., Room 520-B, Newark, NJ 07107-3001 (Revised 7/04)