

\$10.00 Application Fee Due When the Application is Filed
(Nonrefundable and Not Applicable to Tuition)

The Graduate School, Saint Louis University
3634 Lindell Boulevard
St. Louis, Missouri 63108 USA

APPLICATION FOR ADMISSION:
CERTIFICATE PROGRAM IN
Clinical Health Care Ethics

This application is appropriate for students who have a Bachelor's Degree and experience in health care and who are: (1) not currently enrolled at Saint Louis University and are applying to the Certificate in Clinical Health Care Ethics; or (2) not currently enrolled at Saint Louis University and are applying for admission to the Certificate in Clinical Health Care Ethics as well as to the Graduate School for Classified or Unclassified status (an appropriate application for Classified or Unclassified status also will have to be filed); or (3) currently enrolled at Saint Louis University and seek admission to the Certificate in Clinical Health Care Ethics.

Admission to the Certificate in Clinical Health Care Ethics does not guarantee subsequent admission into Classified (degree-seeking) or Unclassified status; however, applicable coursework taken in the Certificate in Clinical Health Care Ethics during the one semester or Summer session immediately preceding the academic term of initiation of a degree program as a Classified student may be included in that degree program. This is subject to the approval of the Department/Major-Field chairperson and the Dean of the Graduate School.

To apply for the Certificate in Clinical Health Care Ethics: Complete the application form and include the following materials with your application:

- \$10.00 application fee
- A letter of intent describing your reasons for seeking admission to the Certificate in Clinical Health Care Ethics.
- Two letters of recommendation from persons with whom you have or have had professional contact. The recommendations must include the appropriate form (available at www.slu.edu/colleges/gr/forms.html). You should provide your references with the form and ask them to complete it and return it to you in a sealed envelope with their signature across the seal.

Have the conferring institution mail (not FAX) directly to the address above an official transcript that shows an earned baccalaureate or graduate degree. Applicants for whom degree transcripts have not been received may be refused enrollment in graduate work.

Please enter, type, or print the information requested. You are not required to respond to the starred (*) items; these data are requested for statistical purposes only, and we would appreciate your cooperation. All information will be computer-filed for use only at and by the University.

NAME _____
(Last Name/Family Name) (First Given Name) (MI) (Salutation/Title)

(*Previous Name(s), if any)

SOCIAL SECURITY NUMBER _____ **DAY TELEPHONE NUMBER** _____

EMAIL ADDRESS _____ **EVENING TELEPHONE NUMBER** _____

MAILING ADDRESS _____
(Number and Street) (Apartment or Box Number, if any)

(City) (State) (Zip Code) (Country if not United States)

PERMANENT ADDRESS _____

Check here if same (Number and Street) (Apartment or Box Number, if any)
as Mailing Address ()

(City) (State) (Zip Code) (Country if not United States)

Academic term for which admission is sought: (enter year) Fall 20_____ Spring 20_____ Summer 20_____

BIRTHDATE _____ **BIRTHPLACE** _____

Month Day Year (City) (State) (Country if not United States)

GENDER Male () Female () ***MARITAL STATUS** Single () Married () Other ()

CITIZENSHIP: Check here () if a Citizen or Permanent Resident of the United States or an Immigrant.

If not a U.S. citizen, permanent resident, immigrant, or refugee, contact the International Center before completing this form; telephone (314) 977-2318 or email icadmit@slu.edu.

*ETHNIC ORIGIN (U.S. Citizens and Resident Immigrants, check one box)

American Indian or Eskimo () Asian/Oriental or Pacific Islander () Black, Non-Hispanic () Hispanic American () Hispanic () White, Non-Hispanic () Other ()

*RELIGION (Check one box)

Baptist () Episcopal () Jewish () Lutheran () Methodist () Presbyterian () Roman Catholic () Other () _____ None ()

COLLEGES, UNIVERSITIES ATTENDED AND/OR CURRENTLY ATTENDING

Name of Institution Location Years Attended Major Field Degree (Abbreviation) Date of Degree Conferral

EMPLOYMENT STATUS Full time () Part time () Not currently employed ()

JOB TITLE _____

YEARS/MONTHS OF EMPLOYMENT _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____ (Number and Street)

(City) (State) (Zip Code) (Country if not United States)

SUPERVISOR'S NAME _____

EMERGENCY CONTACT _____

(Last Name) (First Name) (Salutation/Title)

(Relationship to Applicant) Telephone Number

"I, as the applicant, attest that the information provided above is, to the best of my knowledge, accurate and true, and that I have regular access to the internet as required to enroll in the Certificate in Clinical Health Care Ethics program."

Date: _____ Signed: _____

WHEN DISPLAYING THE DEAN'S SIGNATURE, THIS COPY COMMUNICATES THE OFFICAL ACTION TAKEN

If admitted, consult appropriate department/program chairpersons, advisors, and/or course instructors for assistance in selections and approvals of work to be taken during the upcoming academic term. Refer to the Graduate School Catalog for clarification.

ACTION OF DEPARTMENT CHAIR: ADMITTED () NOT ADMITTED ()

Comments of the Department, if any: _____

Department Chair _____ Date: _____

ACTION OF DEAN: ADMITTED () NOT ADMITTED ()

Comments of The Graduate School, if any: _____

Dean _____ Date: _____