

\$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 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 Print country of citizenship; if a United States citizen, print "USA" _____

Check here [] if a Resident Immigrant (i.e., a "green card" holder)

Check here [] if a Non-Resident Immigrant and indicate type of visa held, if any _____

