



AMERICAN UNIVERSITY OF HEALTH SCIENCES
“To Believe, To Learn, To Create, To Succeed”



APPLICATION FOR ADMISSION

AUHS Student Admissions Office • 1600 E Hill Street, Bldg 1, Signal Hill, CA 90755 • ph: 562.988.2278 • www.auhs.edu





PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

I. Undergraduate Documents To Turn In

- Complete the university application form, confidentiality form and waiver form with four (4) passport size pictures.
- Submit a resume.
- Submit official transcripts required by the specific program you are applying for. Foreign transcripts and degrees must be evaluated before submission to AUHS.
- Submit a 500-word essay, stating reasons for applying to the program of interest.
- Submit copies of driver's license, passport/birth certificate, and social security card.
- Submit a completed and signed Pre-Requisite Course Verification Form.
- Two (2) completed recommendation forms (for undergraduate & Masters programs).
- Three (3) completed recommendation forms for doctoral programs (One letter must be from someone in the pharmacy industry who knows you will).

II. Graduate Documents To Turn In

- *A completed application form submitted through <http://www.pharmcas.org> after selecting AUHS.
- Three completed recommendations letters, one from an instructor, one from a health care provider, and the third from either of the above (instructor or health care provider) or an employer. Recommendation letters from friends and family members are not accepted.
- Official transcripts from each college/university attended. Foreign transcripts need to be evaluated by World Education Services, Inc. or a similar agency.
- A personal essay.
- TOEFL score if applicable and taken within the past two years with a passing score of 80 (iBT) or 213 (CBT).
- *Pharmacy college admission test (PCAT) is highly recommended. PCAT must be taken within the last two years.
- A resume, listing your work, educational history, clinical, volunteering and community outreach experiences, and awards/honors (if applicable).
- A copy of professional certificates and/or license(s), indicated in your resume (if applicable).
- *Once a complete application is submitted to PharmCAS and the documents are verified by PharmCAS, AUHS School of Pharmacy begins the review process.
- Panel interview. Consideration for admission will also be based on a face-to-face interview.

Non-refundable Application Fee (please check one):

Note: You must pay through money order, cash, or cashier's check only.

*** Doctor of Pharmacy Only**

University Programs

- Doctor of Pharmacy – \$80.00
- Master of Science in Nursing: Family Nursing Practitioner, Postgraduate APRN: Post Masters FNP, Nursing Education, Nursing Leadership & Management – \$80.00
- Master of Science in Clinical Research – \$80.00
- Bachelor of Science in Nursing – \$80.00
- Bachelor of Science in Pharmaceutical Sciences – \$80.00
- Pharmacy Technician Certificate – \$80.00

Mail or bring in all requirements (photo, fee, etc.) to: **AUHS Student Admissions Office, American University of Health Sciences
1600 E Hill Street, Bldg 1, Signal Hill, CA 90755**

College or university transcript(s) must be sealed and either sent to or brought to the address above. Recommendation forms are included with these application materials. Recommendations should be sent or brought to the address indicated above in a sealed envelope.

I-20 students: an applicant who is not a citizen of United States must follow the normal admissions procedure. Once you are accepted into the program, information regarding your student visa will be issued and included in your acceptance package. If you attended a college or university outside the United States or Canada, you must submit an official, detailed course-by-course evaluation of this work. You must obtain an evaluation from one of the following services:

- Educational Credential Evaluation (ECE) 414.289.3400
Joseph Silny & Associates International Education Consultants..... 305.666.0223
World Education Service (WES) 212.966.6311

Appointments to take the Scholastic Aptitude Exam may be scheduled by calling the Admissions Office at (562) 988-2278. If you have any questions whatsoever, please do not hesitate to call Admissions Office at (562) 988-2278.

The American University of Health Sciences is committed to providing equal educational and employment opportunity to all qualified students, employees, and applicants, without discrimination on the basis of race, color, national or ethnic origin, sex, age, or disability, as a matter of school policy and as required by applicable State and Federal Laws such as Title IX.



Read before filling out this form: Please print carefully or type responses to all sections of the application. If space is not enough, feel free to attach additional pages. Transcripts and other documents submitted to Admissions become the property of AUHS and will not be released or returned to the applicant or forwarded to any other institution.

Date _____

PERSONAL DATA

Social Security Number _____ - _____ - _____

Sex (check one): M

F

Name (please print) _____

Last

First

Middle

Date of Birth _____ Place of Birth _____

PLEASE
ATTACH
RECENT
PHOTOGRAPH

CONTACT INFORMATION

 (Check the address to which communication concerning your application should be mailed.)

Permanent Address _____

Number _____ Street _____ City _____ State _____ Zip _____

Present Address _____

Number _____ Street _____ City _____ State _____ Zip _____

E-Mail Address _____ Phone Number _____ Skype Account _____

Please state your status: U.S. Citizen Permanent Resident F-1 Visa

If you are an U.S. citizen or Permanent Resident, please check one of the following:

White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander American Indian Hispanic Other

If you selected "Asian/Pacific Islander," please specify _____

Are you fluent in another language? Yes No

Name of Parent or nearest relative _____

Parent/Relative's Address & Phone _____

Parent/Relative's Occupation _____

Year/session you wish to be admitted _____

Will you be applying for financial aid? Yes No

Were you ever required to leave college or denied readmission because of deficiencies in either conduct or academic?

UNIVERSITY PROGRAMS

Doctor of Pharmacy

Master of Science in Nursing

Master of Science in

Bachelor of Science in Nursing

Family Nursing Practitioner

Clinical Research

Bachelor of Science in Pharmaceutical Sciences

Post Graduate APRN: Post Masters FNP

Pharmacy Technician

Nursing Education

Nursing Leadership & Management

EDUCATION

Name in chronological order the institutions that you have attended including the high school and trade school. Give the name of each institution including the date of attendance and the degree certificate received.

Name of Institution	Degree	Dates

COURSE WORK IN PROGRESS

Please list the course(s) you are currently taking and course(s) you are planning to complete before you would begin school, if accepted. Carefully compare your planned and projected course work to the prerequisite requirements.

Category	Course Name	Units	Institution	Date to be Completed

EMPLOYMENT

Beginning your current position, list in reverse chronological order all full and part-time employment. Include position titles, dates, approximate hours worked per week and place of employment (You may use a separate sheet of paper or attach a resume in lieu of completing this section).

Began Mo./Yr.	Ended Mo./Yr.	Approx. Hr. Worked/Wk	Position & Responsibilities	Place or Employment

COMMUNITY/VOLUNTEER

Please list the extracurricular and/or community activities in which you participated. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may use a sheet of paper).

Community/Volunteer Activities	Hrs	Dates

EXTRA CURRICULAR ACTIVITIES

Have you ever been convicted of misdemeanor or a felony (excluding parking violations)
(If yes, it is your responsibility to notify American University of Health Sciences.)

 Yes

 No

If more than six months have elapsed since your last attendance at an educational institution, indicate briefly how your time has been employed:

How did you find out about American University of Health Sciences?

Friend
 AUHS Graduate _____
 Co-worker _____

Internet
 Advertisement(specify): _____

College Fair
 Other(Specify): _____

ATTACHED A BRIEF TYPED PERSONAL STATEMENT DESCRIBING YOUR REASON FOR CHOOSING A CAREER IN YOUR DESIRED FIELD AND WHY YOU WOULD BE AN ASSET TO AMERICAN UNIVERSITY OF HEALTH SCIENCES.

I certify that these responses are true to the best of my knowledge, and I am aware that any knowing falsification hereon may result in denial and admission. Further, it is my understanding that I shall not be considered for admission until I have submitted all credentials. I understand that I am responsible for becoming familiar with and abiding by the general regulations governing the conduct of the students at the American University of Health Sciences. I pledge to abide by these regulations and any other comparable regulations that may be adopted during the period of my enrollment.

Signature_____

Date_____



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