



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](http://www.auhs.edu)





# AMERICAN UNIVERSITY OF HEALTH SCIENCES

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## APPLICATION PROCEDURE CHECKLIST



### PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

#### 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 well).

#### Non-Refundable application Fee (please check one):

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

#### University Programs

- Master of Science in Clinical Research - \$80.00
- Bachelor of Science in Pharmaceutical Science - \$80.00
- Bachelor in Nursing - \$80.00

Mail or bring in all requirements (photo, fee, etc.) to the address below:

**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 the 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 \_\_\_\_\_

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

Master of Science in Clinical Research  Bachelor of Science in Pharmaceutical Sciences  
 Bachelor of Science in Nursing

#### EDUCATION

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

Name of Institution	Degree	Dates

**COURSE WORK IN PROGRESS**

In the tables below, please list the course(s) you are currently taking and course(s) you are planning to complete before you would begin **pharmacy** 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):

**ATTACH A BRIEF TYPE PERSONAL STATEMENT DESCRIBING YOUR REASON FOR CHOOSING A CAREER IN THE 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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