APPLICATION FOR ADMISSION

Doctoral Program in Biomedical Sciences (PhD)
Doctoral Program in Clinical Psychology (PsyD • PhD-Psy)
Doctor of Public Health in Epidemiology (DrPH)
Master in Public Health (MPH) General • Epidemiology • Environmental
Master of Sciences in Medical Sciences (MSMS)
Master of Science in School Psychology (Neuropsychology/Neuroscience of Learning)
Professional Certificate in Family & Couples Therapy
Postgraduate Certificate in Neuroscience of Learning
BS Nursing

DEADLINES TO APPLY:

PhD Biomedical Sciences ⇒ April 15
Clinical Psychology ⇒ March 15
Public Health ⇒ May 30
Master of Science in Medical Sciences ⇒ May 30
Master of Science in School Psychology ⇒ June 15
Certificate Family & Couples Therapy ⇒ June 15
Certificate in Neuroscience of Learning ⇒ June 15
BS Nursing ⇒ June 15

Ponce Health Sciences University is accredited by:
Council of Education of the Commonwealth of Puerto Rico (CE)
Middle States Commission on Higher Education (MSCHE)
Liaison Committee on Medical Education (LCME)
American Psychological Association (APA)
Council on Education for Public Health (CEPH)
APPLICATION FOR ADMISSION

Please select academic program desired:

- Doctoral Program in Biomedical Sciences (PhD)
- Doctoral Program in Clinical Psychology (PsyD, PhD-Psy)
- Doctoral Program in Public Health - Epidemiology (DrPH)
- Master in Public Health (MPH) - General, Epidemiology, Environmental
- Master of Sciences in Medical Sciences (MSMS)
- Master of Sciences in School Psychology
- Professional Certificate in Family & Couples Therapy
- Postgraduate Certificate in Neuroscience of Learning
- BS Nursing

PERSONAL & CONTACT INFORMATION

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<th>Last Name</th>
<th>Mother’s Maiden Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Social Security Number
Email address

Permanent Home Address
City, State, Zip Code

Current Mailing Address (if different)

Cell Phone
Home Phone

Emergency contact: Name, Relationship, Phone number

Father’s Name
Occupation

Mother’s Name
Occupation

Marital Status
 Married, Single, Divorced

Spouse’s Name
Spouse’s Occupation

Date of Birth
Birthplace
Age
Gender
M, F
Are you a US veteran?
Yes, No
If not US citizen, country of citizenship

EDUCATIONAL HISTORY
(Bachelor, Master, MD, etc. - List in Chronological Order)

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PROFESSIONAL EXAMINATIONS

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**KNOWLEDGE OF LANGUAGES**

**Academic honors:**

**Research work and publications/Poster Presentation:**

**Community service and/or volunteer work:**

**PROFESSIONAL WORK EXPERIENCE**

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<th>Name &amp; address of employer</th>
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**Years at present position**

**Total years of professional experience**
FOR OUR STATISTICS

Please indicate your ethnicity (your response will be kept confidential and will provide data to the federal government in compliance with the Title VI of the Civil Rights Act of 1964):

- Hispanic
- White, non-Hispanic
- Black, non-Hispanic
- Asian or Pacific Islander
- American Indian /Alaskan Native
- Other

Are you a first generation college student? Yes

How did you hear about us? Recruiter

PLEASE READ AND SIGN

I certify that all the information I have supplied in this application is true and complete. I understand that falsifying and/or giving incorrect information in this application may be considered for denial of admission or, if admitted, immediate suspension from Ponce Health Sciences University. I promise to abide and respect the norms and regulations of Ponce Health Sciences University. I understand that all documents submitted for admission purposes will become permanent property of Ponce Health Sciences University.

__________________________________________  ________________________
Applicant's Signature                        Date

Applications for admission are considered on the basis of each applicant's qualifications without regard to race, color, gender, creed, political or sexual orientation, national origin, age or handicap.

Ponce Health Sciences University reserves the right of admission.

Rev 05/16
PERSONAL STATEMENT

Explain your interest in graduate studies and your long-range professional plans: (if necessary, you may attach an additional page)

I certify that I am the author of this Personal Statement. I understand that falsifying and/or plagiarizing is considered unethical and may result in denial of admission or suspension from Ponce Health Sciences University.

________________________________________  Date
Signature