1985

Masters of Science in Human Resource Management in Health Application

Nova University

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NOVA UNIVERSITY

APPLICATION FOR ADMISSION TO

MASTERS OF SCIENCE IN HUMAN RESOURCE MANAGEMENT IN HEALTH

TO THE APPLICANT:

1. Print in ink or type all information required on this application, and return with non-refundable $15 application fee. Make all checks payable to Nova University.

2. Official transcripts of all your college records must be forwarded from the school or included with this application. Please indicate if transcript(s) is ____ enclosed or ____ being forwarded.

3. Letters of recommendation from business references and/or previous teachers should be forwarded to address listed in Item #6.

4. If you have taken the Graduate Management Admissions Test or the Graduate Record Examination, please include your score and test date and attach or forward a copy of your grade report.

   ____ GMAT Score ______ Date of Examination ______

   ____ GRE Score ______ Date of Examination ______

It is not mandatory to take the GMAT for the HRM/HTH although it is recommended. Show date: month ____ date ____ year ____ you plan to take this test. Application forms for the GMAT may be obtained from the Graduate Management Program's Office or by writing to: GMAT - Educational Testing Service - Box 966 - Princeton, New Jersey 08540.

5. Designate place of study and probable starting date.

   Graduate Center of Attendance ____________________

   Expected Starting Date: ____ Jan. ____ April ____ July ____ Oct.

6. Further admissions instructions:

After steps one through five are completed send all papers and records to: Nova University, Program in Population and Health, 3301 College Avenue, Ft. Lauderdale, FL 33314. The processing of your application is dependent upon the prompt receipt of all requested records. A personal interview with a counselor is required for all programs, and we recommend that you call if there are any delays in the admission procedure, (305) 587-6660.
PERSONAL INFORMATION

Date ____________________ Social Security Number ____________________

Name ____________________ Last First Middle Maiden Name

Present Address ____________________ Street & Number __________ City State Zip __________

Business Address ____________________ Street & Number __________ City State Zip __________

Telephone Number ____________________ Home ____________________ Business ____________________

Date of Birth __________ Sex ________ Occupation ____________________

College/Graduate School ____________________

Circle Highest Year of School Completed 1 2 3 4 5 6

What was your major? ____________________

Number of dependents ________ Selective Service Classification ____________________

Military Service (if any) From __________ To __________

Branch ____________________ Date of Separation ____________________

Country of Citizenship ( ) United States ( ) Other

If other, indicate type of visa and country of citizenship ____________________

Do you wish to apply for financial assistance? ( ) Yes ( ) No

Do you wish to apply for veterans assistance? ( ) Yes ( ) No

V.A. file number, if available ____________________
List in reverse order (most recent first) all colleges and universities attended. An official transcript must be submitted for course-work taken at each institution to the Program in Population and Health.

EDUCATION:

<table>
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<tr>
<th>Name of Institution Attended</th>
<th>Location</th>
<th>Dates of Attendance</th>
<th>Degrees Received</th>
<th>Major Field</th>
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Undergraduate Grade Point Average: _____ Points Out of a Possible Total of _____ Points.

Honors and Other Evidence of High Scholarship

Please Circle the Undergraduate Prerequisites You Have Already Satisfied.

1) Accounting  2) Economics  3) Psychology  4) Statistics

WORK EXPERIENCE (Most Recent First)

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<th>Firm and Location</th>
<th>Nature of Work</th>
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List below business, professional, and social organizations in which you have been active, and any professional licenses that you hold.
REFERENCES: List below the names of three business or faculty references who will submit letters of recommendation on your behalf. Letters are to be submitted directly to the Graduate Admission’s Office by the persons names below.

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<th>Name and Address</th>
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PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE

1. What are your career objectives?

2. Briefly, why do you feel that the M.S. in Human Resource Management in Health Program will assist you in attaining these objectives?

3. Please indicate below any other information which you feel may assist the Committee in making a favorable decision on this application.

4. Please submit a current resume with detailed work experience indicated.

5. Discuss your future career plans in health management practice, research, or teaching. Assume you earn the M.S. and are now sharing with the Admission’s Committee your plans for applying this specialized education.

I certify that the information on this application is complete and accurate.

Date ___________  Signature of Applicant ________________________