

Application for Graduate Admission

Doctor of Health Administration degree

This program uses a self-managed application process in which the student gathers all of the application materials and submits them in single packet.

1. Sign and place completed application and non-refundable \$200 application fee (U.S. dollars) in the large return envelope.
2. Immediately complete and send the enclosed Transcript Request forms to the Registrar for every college or university attended (except CMU). When these forms are returned to you, place them unopened in the large return envelope. Transcripts must have a current date of issue.
3. Forward the enclosed Letter of Support forms to three individuals. When these forms are returned to you, place them unopened in the large return envelope.

Please print or type.

Legal name _____ Home phone () _____
(last) (first) (middle) Former name (if applicable) (area code)

Home mailing address _____ Country _____
(number and street) (city) (state) (zip)

U.S. Social Security Number _____ Date of birth _____ Sex _____

How did you learn about Distance/Distributed Learning Program?

Advertisement Colleague Employer Radio ad Direct mail brochure Newspaper article Other _____
(please specify)

Job title _____
(company or agency) (unit)

Employer _____
(number and street) (city)

Employer's address _____

Business phone () _____ Fax number () _____
(area code) (area code)

E-mail address _____

Native language _____ Are you a U.S. Citizen? Yes No

Although optional, ethnic/racial information is requested to fulfill reporting obligations to the Department of Health and Human Services. Ethnic/racial group:
 Black (except Hispanic) Asian or Pacific Islander (API) Hispanic American Indian, Eskimo, or Aleut (AIEA) White (except Hispanic)

If you leave this blank but indicate specific races in the next question below, it will be assumed that those races apply to you equally.

Are you multiracial*? Yes No

If you answer "yes" please mark all of the races below that apply to you, based on the list:

A Hispanic B White C Black D AIEA E API

* For purposes of this question, you are multiracial if you have parents from more than one of the broad race categories listed above or if at least one of your parents is multiracial.



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All colleges and universities previously attended for graduate work.

Institution name and location (i.e. City/State)	Month and year of attendance		Degree received	Date received
	(month/year)	(month/year)	(eg. BA, BS)	(month/year)
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____
_____	From _____	To _____	_____	_____

To be admitted to the Doctor of Health Administration program at Central Michigan University applicants must have a graduate degree from a regionally accredited U.S. institution, or in the case of degrees from non-U.S. schools, the equivalent from an institution of recognized standing as determined by the College of Graduate Studies.

Do you have approximately 3-5 years of work-related experience in mid-level or higher health management or health policy positions: Yes No Uncertain

If you answer no or uncertain, please attach a statement outlining your employment history (including scope of responsibilities), and provide evidence to support what you feel to be an extenuating circumstance. Applicants should carefully read and comply with all sections regarding admissions found in the directions that accompanied the application packet and all sections regarding admissions found in the current *Off-Campus Programs Bulletin*.

Method of payment

- Check enclosed, payable to Central Michigan University or I hereby authorize Central Michigan University to charge to my:
- American Express Discover MasterCard Visa

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Expiration date: _____

Signature _____

I certify I have read and understand the instructions, and the statements made in this application are accurate and complete to the best of my knowledge. If I attend Central Michigan University, I agree to comply with the rules and regulations of the university. Falsification of credentials or failure to provide full documentation will result in cancellation of admission to the university.

Applicant's signature _____ **Date** _____

For more information call toll-free at (877) 268-4636 or e-mail us at cmuoffcampus@cmich.edu. You may also visit our Web site: www.cel.cmich.edu/dha. We look forward to hearing from you.