

New applicant

Re-entry applicant

**Personal Information**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN, IF APPLICABLE

Social Security Number: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_  
HOME CELL

Date/Country of Birth \_\_\_\_\_  
MONTH DAY YEAR COUNTRY

I am a  U.S. Citizen  Permanent Resident  International Student

If you are an International Student, are you applying for an F-1 Visa through our program?  Yes  No

If yes, country of citizenship: \_\_\_\_\_

Race/Ethnic Background (Optional):

White  Latino  Black/African American  American Indian  Asian  Other \_\_\_\_\_

**Registration Information**

**Program of Study:**

- |   |   |
|---|---|
| <input type="checkbox"/> M.S. in Digital Design                           | <input type="checkbox"/> M.S. in Occupational Therapy                         |
| <input type="checkbox"/> M.S. in Instructional Design and Technology      | <input type="checkbox"/> M.S. in Physician Assistant Studies*                 |
| <input type="checkbox"/> M.B.A.   | <input type="checkbox"/> Post-Baccalaureate Certificate in Midwifery**        |
| <input type="checkbox"/> Day M.B.A. (one-year program)                    | <input type="checkbox"/> M.S. in Fashion Apparel Studies                      |
| <input type="checkbox"/> M.B.A. in Textile and Apparel Marketing (online) | <input type="checkbox"/> M.S. in Textile Design, circle one: Print Weave Knit |
| <input type="checkbox"/> M.S. in Taxation                                 | <input type="checkbox"/> M.S. in Midwifery                                    |
| <input type="checkbox"/> M.S. in Textile Engineering                      | <input type="checkbox"/> M.S. in Disaster Medicine and Management             |

\* For the M.S. in Physician Assistant Studies Program or the M.B.A./M.S. in Physician Assisant, please apply through the Central Application Service for Physician Assistants (CASPA) at [www.caspaonline.org](http://www.caspaonline.org). Request official copies of your transcripts to be sent directly to CASPA. Student copies of transcripts or copies sent to CASPA by the applicant are not acceptable. Letters of reference should be sent directly to CASPA from the person making the reference. GRE scores (M.S. in PA) or GMAT scores (M.B.A./M.A. in PA), however, should be sent directly to Philadelphia University by Education Testing Services. Our school code is #2666. Philadelphia University does not require a supplemental application for Physician Assistant Studies applicants.

\*\* For the Post-Baccalaureate in Midwifery please use the supplemental application on page 121

**Combined Degrees:**

- |   |   |
|---|---|
| <input type="checkbox"/> M.B.A./M.S. in Taxation      | <input type="checkbox"/> M.B.A./M.S. in Instructional Design and Technology |
| <input type="checkbox"/> B.S./M.S. in Textile Design* | <input type="checkbox"/> M.B.A./M.S. in Physician Assistant Studies         |
| <input type="checkbox"/> B.S./M.B.A. Program*         | <input type="checkbox"/> B.S./M.S. Fashion Apparel Studies*                 |

\*For current undergraduate students at Philadelphia University only

**Certificate Programs:**

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-Master's IDT Certificate  | <input type="checkbox"/> Post-Master's Business Certificate |
| <input type="checkbox"/> Post-Master's IDT Certificate | <input type="checkbox"/> Pre-Master's Business Certificate  |

**Entry Semester:**

- |  |  |
|--|--|
| <input type="checkbox"/> Spring (January 20__) | <input type="checkbox"/> Summer I (May 20__)   |
| <input type="checkbox"/> Fall (August 20__)    | <input type="checkbox"/> Summer II (July 20__) |

I will be a  part-time student  full-time student

I am applying as a  degree candidate  non-degree candidate  CPE Audit Option

Have you ever applied for graduate admission to the University?  Yes  No If yes, when? \_\_\_\_\_

**Educational Information**

List in reverse chronological order **all** colleges and universities attended for undergraduate and graduate study. Failure to disclose attendance at an institution at the time of application may cause denial of application for admission.

College/University Name & Location	Dates Attended	

Undergraduate Major \_\_\_\_\_ GPA \_\_\_\_\_

If you have earned a prior Master’s Degree or are a C.P.A., the standardized test requirement is waived.

Prior Master’s Degree?  Yes  No      Are you a C.P.A.  Yes  No

When did you/will you take the  GMAT  GRE  MAT (Date of Test) \_\_\_\_\_ Score \_\_\_\_\_

When did you/will you take the TOEFL (International Students Only) \_\_\_\_\_ Score \_\_\_\_\_

**Employment Information**

List your employment history beginning with your present position. (You may attach a C.V.)

Employer	Address	Position	Dates

Which career field best describes your current position?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business              | <input type="checkbox"/> Engineering               | <input type="checkbox"/> Midwifery            |
| <input type="checkbox"/> Communications        | <input type="checkbox"/> Gov’t & Non-Profit Admin. | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Design                | <input type="checkbox"/> Manufacturing Operations  | <input type="checkbox"/> Textiles             |
| <input type="checkbox"/> Computer/Info Science | <input type="checkbox"/> Health-Related Functions  | <input type="checkbox"/> Science/Technology   |
| <input type="checkbox"/> Education             |  | <input type="checkbox"/> Other _____          |

Do you have tuition remission at work?  Full  Part  None

**Additional Information**

How did you first learn about the graduate programs at the University?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mail  | <input type="checkbox"/> PhilaU Web Site                               | <input type="checkbox"/> Fair _____<br><small>LOCATION</small>                    |
| <input type="checkbox"/> Live in Area  | <input type="checkbox"/> Friend/Relative                               | <input type="checkbox"/> Philadelphia University Admissions Office                |
| <input type="checkbox"/> Alumni  | <input type="checkbox"/> Placement Office                              | <input type="checkbox"/> School Guides _____<br><small>NAME</small>               |
| <input type="checkbox"/> Employer  | <input type="checkbox"/> Radio _____<br><small>NAME OF STATION</small> | <input type="checkbox"/> Other _____<br><small>NAME</small>                       |
| <input type="checkbox"/> Newspaper _____<br><small>NAME OF NEWSPAPER</small> |  | <input type="checkbox"/> Web Search _____<br><small>NAME OF SEARCH ENGINE</small> |

**Please Note:** Some programs may require additional information. Please refer to the program description to find specific admission requirements for your program.

**Applicant’s signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*My signature above indicates that the information contained in this application is complete and accurate.*