



**MARQUETTE UNIVERSITY**  
**HEALTH CAREERS OPPORTUNITY PROGRAM**  
 COLLEGE SCIENCE ENRICHMENT PROGRAM  
 &  
 PRE-ENROLLMENT SUPPORT PROGRAM  
[www.marquette.edu/health-careers-opportunities/](http://www.marquette.edu/health-careers-opportunities/)

**INSTRUCTIONS:** Please type or print clearly in black ink. Complete all sections of application. Our early acceptance date is **March 1, of current year**. We will continue to accept applications until **April 1**. Return the application to the addresses indicated at the end of the application. **In order to complete your packet please:** (1) send two letters of recommendation (mailed directly from each person making the recommendation, two must be from science instructors), (2) write an essay on why you want to participate, (3) include a copy of your parents 1040 or 1040A tax forms and, (4) send an official copy of your college transcripts. Official transcripts of all college level course work should be mailed to us directly from your institution. **Note:** You must be registered to attend college in the fall. Students with at least two semesters in biology and chemistry are highly preferred.

<b>APPLICANT INFORMATION</b>		
First Name:	Middle Initial:	Last Name:
Social Security #:	Date of Birth:	Gender: M / F
Current Address I WILL BE ADDRESS UNTIL ___/___/___		Permanent (Parent's) Address
Street Address:		Street Address:
City:		City:
State:	Zip:	State: Zip:
Area Code:	Phone:	Area Code: Phone:
Most frequently utilized e-mail address:		
<b>CITIZENSHIP</b>		
What city and state/country are you originally from? _____		
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien # _____		
<input type="checkbox"/> Non-Resident Alien		
<b>US Citizenship or proof of residency is required (i.e., birth certificate, driver's license, US passport or immigration card)</b>		
<b>ETHNIC/RACIAL IDENTITY</b>		
<i>Please check one</i>		
<input type="checkbox"/> 1 = American Indian or Alaska Native	<input type="checkbox"/> 5 = Native Hawaiian or other Pacific Islander	
<input type="checkbox"/> 2 = Asian (Specify): _____	<input type="checkbox"/> 6 = White	
<input type="checkbox"/> 3 = Black or African American	<input type="checkbox"/> 7 = Unknown	
<input type="checkbox"/> 4 = Hispanic or Latino (Specify): _____	<input type="checkbox"/> 8 = Other (Specify): _____	
Do you have any Physical Disabilities that necessitates specifically designed instructional materials or programs, modified physical facilities, or related services to enable full participation in and access to the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Specify:		
<b>PROGRAM OF INTEREST</b>		
<i>Please select one area of interest.</i>		
<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Biomedical Sciences <input type="checkbox"/> Clinical Laboratory Sciences <input type="checkbox"/> Dentistry <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Speech Pathology & Audiology		

## ACADEMIC INFORMATION

*Please list all colleges and universities attended.*

**1. Name of Current College/University:**

City:

Zip Code:

State:

Minor:

Major:

Current Year in School:  FR  SO  JR  SR  Other Expected Graduation Date (mo./year): \_\_\_\_\_/\_\_\_\_\_

Current GPA (Cumulative): \_\_\_\_\_ Current GPA (Science): \_\_\_\_\_ Grading Scale (Please Check):  4.0  Other:

Have you taken courses in biology or chemistry?  Yes  No

**2. Name of College/University:**

City:

Zip Code:

State:

Minor:

Major:

Current Year in School:  FR  SO  JR  SR  Other Expected Graduation Date (mo./year): \_\_\_\_\_/\_\_\_\_\_

Current GPA (Cumulative): \_\_\_\_\_ Current GPA (Science): \_\_\_\_\_ Grading Scale (Please Check):  4.0  Other:

Did you take courses in biology or chemistry?  Yes  No

**3. Name of College/University:**

City:

Zip Code:

State:

Minor:

Major:

Current Year in School:  FR  SO  JR  SR  Other Expected Graduation Date (mo./year): \_\_\_\_\_/\_\_\_\_\_

Current GPA (Cumulative): \_\_\_\_\_ Current GPA (Science): \_\_\_\_\_ Grading Scale (Please Check):  4.0  Other:

Did you take courses in biology or chemistry?  Yes  No

*Please list the biology or chemistry courses you have taken and/or are currently enrolled in:*

Biology:

Chemistry:

## EXTRA CURRICULAR ACTIVITIES

*Please list any extracurricular activities you participate in below (sports, hobbies, clubs, etc.):*

Have you ever participated in a health careers program (i.e. health club, internship/externship, mentoring)?  Yes  No

If yes, indicate the program name, sponsor, dates, city, and state below:

## TEST SCORES

*Please list scores and attach a copy of your score report to your application.*

### AHPAT

Have you taken the Allied Health Professions Admissions Test?  Yes Date take? \_\_\_\_\_  No Date Planning? \_\_\_\_\_

Verbal \_\_\_\_\_ Quant. \_\_\_\_\_ Biology \_\_\_\_\_ Chemistry \_\_\_\_\_ Reading \_\_\_\_\_

### DAT

Have you taken the Dental Admissions Test (DAT)?  Yes Date taken? \_\_\_\_\_  No Date Planning? \_\_\_\_\_

Academic Avg. \_\_\_\_\_ PAT Avg. \_\_\_\_\_ Quant Reason. \_\_\_\_\_ Reading Comp. \_\_\_\_\_

Bio. \_\_\_\_\_ Inorganic \_\_\_\_\_ Organic \_\_\_\_\_ Sci. Avg. \_\_\_\_\_

Have you taken a DAT review course?  Yes  No If yes, where?

### GRE

Have you taken the Graduate Record Examination?  Yes Date take? \_\_\_\_\_  No Date Planning? \_\_\_\_\_

Verbal \_\_\_\_\_ Quant. \_\_\_\_\_ Analytical \_\_\_\_\_

## PARENT INFORMATION

**Father's / Guardian's Name:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did your father/guardian attend college?  Yes  No*Please check the highest level of degree obtained:* Associate Degree  Bachelor's Degree  Master's Degree  Doctoral Degree  Other \_\_\_\_\_

Occupation:

Employer:

**Mother's / Guardian Name** \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Did your mother/guardian attend college?  Yes  No*Please check the highest level of degree obtained:* Associate Degree  Bachelor's Degree  Master's Degree  Doctoral Degree  Other \_\_\_\_\_

Occupation:

Employer:

## FAMILY INFORMATION

How many siblings do you have?

What is their range in age?

Have any of them attended college?  Yes  No If yes, how many?Have any attended graduate school?  Yes  No If yes, how many?Do you have any relatives in a health profession?  Yes  No What specific fields?

## FINANCIAL INFORMATION

**What is your parents' combined income as reported in the federal income tax form 1040 or 1040A for last year?**  
**(Please enclose a copy) \$** \_\_\_\_\_**If you are an independent student what is your income as reported in the federal income tax form 1040 or 1040A for last year? (Please enclose a copy) \$** \_\_\_\_\_

## HCOP OUTREACH

How did you hear about our program?  Ad  Counselor  Friend  Website  Other \_\_\_\_\_

Please name the source/person:

Source's Address:

City:

State:

Zip:

## REFERENCES

*List names and titles of two individuals who will complete your HCOP Recommendation Forms. Applicant must submit at least one academic recommendation (teacher or faculty). Please do not list relatives and friends as references.***Name**

Phone: ( )

Title

Best time to contact:

E-mail address (optional)

**Name**

Phone: ( )

Title

Best time to contact:

E-mail address (optional)

**Name**

Phone: ( )

Title

Best time to contact:

E-mail address (optional)

## PERSONAL STATEMENT

Please provide a short essay in which you introduce yourself. Explain why you want to participate in this program and why we should choose you as a participant. Attach your essay to the application.

## VERIFICATION STATEMENT

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future Marquette University Health Careers Opportunity Programs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If student is under age 18)

\_\_\_\_\_  
Date

## INFORMATION RELEASE

To be completed by the student:

I, \_\_\_\_\_, am applying for admission to Marquette University Health Careers Opportunity Program. I am aware of the provisions of the Family Educational Rights and Privacy Act and hereby authorize the release of the requested information directly to Marquette University Health Careers Opportunity Program (i.e. transcript, letters of recommendation, etc.). I realize that I may not view some of the information requested, for example, letters of recommendation. I understand that Marquette University will also maintain records of my performance in program activities. I agree to the release of this information to Marquette University staff members and the U.S. Department of Health and Human Services.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (If student is under age 18)

\_\_\_\_\_  
Date

*Marquette University does not discriminate on the basis of race, national origin, gender age, religion or disability.*

Please mail your form directly to the following addresses:

**Marquette University**  
**College of Health Sciences**  
Health Careers Opportunity Program  
P.O. Box 1881  
Milwaukee, WI 53201-1881  
(414) 288-5505  
(414) 288-5987(FAX)  
Muhcop@Marquette.edu (e-mail)