

**ROSALIND FRANKLIN UNIVERSITY  
OF MEDICINE AND SCIENCE**

**COLLEGE OF HEALTH PROFESSIONS  
PATHOLOGISTS' ASSISTANT STUDIES**



**APPLICATION FOR ADMISSION  
SUMMER 2013**

3333 Green Bay Road  
North Chicago, IL 60064  
(847) 578-3209  
[grad.admissions@rosalindfranklin.edu](mailto:grad.admissions@rosalindfranklin.edu)  
[www.rosalindfranklin.edu](http://www.rosalindfranklin.edu)

## APPLICATION INSTRUCTIONS

The Pathologists' Assistant Program matriculates students only into the Summer Term each year. Applications are reviewed at regular intervals during the admissions cycle until the class is filled. For maximum consideration, applicants are encouraged to submit their applications and materials as early as possible. To initiate the application process, you must submit all of the following items to the Office of CHP Admissions.

### Admissions Timeline

Application Form: Postmark deadline of February 28, 2013

Interviews: September until class is filled

Acceptances: October until class is filled

## SECTION ONE: APPLICATION & FEE

Complete the entire application. Type or print legibly. Do not leave any section blank. Enclose a \$55, non-refundable application fee. Make your check/money order payable to **Rosalind Franklin University**. By sending your check, please be aware that you are authorizing us to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on the check. This electronic debit will be for the amount of your check. International checks are not accepted; please submit a money order in US dollars, if applying from outside the US.

## SECTION TWO: OFFICIAL TRANSCRIPTS

Obtain official transcripts signed and sealed by the Registrar from all colleges or universities attended. This includes transcripts community or junior colleges whose course credits may have been transferred to a 4-year university. Only transcripts submitted in signed and sealed envelopes will be accepted.

Students who have completed coursework at a college or university outside of the U.S. must submit an official, course-by-course evaluation of this work. You must obtain this evaluation from one of the following services:

World Education Services (WES)

[www.wes.org](http://www.wes.org)

Education Credential Evaluators (ECE)

[www.ece.org](http://www.ece.org)

## SECTION THREE: RECOMMENDATION FORMS

Two letters of recommendation are required from professionals and/or academicians who know you well (i.e. pre-health advisors/committees, professors, or supervisors). Accepted students normally will have observed and received a letter of recommendation from either a Pathologists' Assistant or Pathologist. Letters of recommendation must be signed, placed in a sealed envelope, and have that person's signature across the seal of the envelope. A recommendation form has been provided for you; however, if the recommender chooses not to utilize our form, he/she must use the appropriate letterhead stationary and envelope of the agency or university for which he/she works or teaches.

## SECTION FOUR: STANDARDIZED TEST SCORES

An official score report from the Test of English as a Foreign Language (TOEFL) is required of any applicant who does not hold US citizenship or permanent residency. This test must have been taken within the last two years and scores must be sent directly from the Educational Testing Service ([www.toefl.org](http://www.toefl.org)). This requirement may be waived at the University's discretion for the following:

- Applicants who have been full-time students in a United States college or university for at least two consecutive years
- Applicants from countries in which English is the primary language

***NOTE: Reapplicants must resubmit all of the above. The Office of CHP Admissions will not reuse transcripts or letters of recommendation submitted for previous application cycles or other programs.***

<b>Return your completed application to:</b>	Rosalind Franklin University Office of CHP Admissions ( <b>PATH</b> ) 3333 Green Bay Road North Chicago, IL 60064
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**Rosalind Franklin University of Medicine and Science**  
**College of Health Professions • Master of Science in Pathologists' Assistant Studies**  
**SUMMER 2013 Application**

Please type or print using black ink

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Other Name(s) Under Which You May Have Educational Records: \_\_\_\_\_

Preferred Mailing Address (all correspondence will be sent to this address until otherwise notified):

\_\_\_\_\_  
Street City State Zip Code Country Telephone

Permanent and/or Legal Residence (if different from above):

\_\_\_\_\_  
Street City State Zip Code Country Telephone

Gender  Male  Female Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place of Birth (City, State & Country): \_\_\_\_\_

Email: \_\_\_\_\_

U.S. Citizen or National?  Yes  No Citizenship Country: \_\_\_\_\_

If you checked no, indicate status and enclose documentation:

- Permanent Resident (Please enclose a copy of your permanent resident card)
- Temporary Non-Citizen. If you are currently in the US on a visa, please list the type and issuing entity below:

**ACADEMIC INFORMATION (LIST CHRONOLOGICALLY)**

ALL Post-Secondary SCHOOLS ATTENDED:						
NAME OF INSTITUTION (use these numbers when completing your worksheet)	LOCATION (City, State)	ATTENDANCE DATES		MAJOR	DEGREE/DATE (if any, or when expected)	LEVEL Undergrad/ Graduate/ Professional
		From Mo./Yr.	To Mo./Yr.			
1)						
2)						
3)						
4)						
5)						
6)						
7)						

**Please note:** It is the applicant's responsibility to submit an official transcript from each institution listed above.

## SUPPORTING MATERIALS

All official materials being sent in support of this application must arrive prior to the program's deadline. These items are listed below.

A) **Official Transcripts** - from each post-secondary educational experience

B) **Two Letters of Recommendation** – Please indicate the names of your recommenders.

1. \_\_\_\_\_ 2. \_\_\_\_\_

C) **Exam Scores** (if required)

**TOEFL** (choose an exam type, and record your scores)

Internet Based     Computer Based     Paper Based

Exam Date	Listening	Reading	Writing	Speaking	Total

## STUDENT AFFIRMATION

My signature below indicates that all the information submitted in (and in support of) this application is complete and correct to the best of my knowledge. I understand that I must be able (with reasonable accommodations) to meet the technical standards of the Pathologists' Assistant Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Rosalind Franklin University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admissions policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, citizenship status, disability, status as a veteran, age, or marital status.*

*If at any time during the admissions process you find it necessary to withdraw your application from consideration, please notify the Office of CHP Admissions in writing (email is acceptable).*

## DEMOGRAPHIC INFORMATION

The demographic information will be used to help evaluate our efforts relative to providing equal educational opportunity for all incoming students. These data will not be used as selection criteria during the admission process. Various accrediting agencies rely on us to provide them with an accurate accounting of our applicant pool.

### Where did you hear about the Pathologists' Assistant program?

- RFUMS Open House
- RFUMS Website
- RFUMS Brochure
- RFUMS Mailing
- RFUMS Recruiter \_\_\_\_\_  
*Name:/Event*
- RFUMS Student: \_\_\_\_\_  
*Name*
- RFUMS Alumnus: \_\_\_\_\_  
*Name*
- Pre-Health Advisor \_\_\_\_\_  
*Name/Institution*
- Other Website: \_\_\_\_\_  
*Please specify*
- Other: \_\_\_\_\_  
*Please specify*

### Ethnic/Racial Origin:

#### Hispanic

- South or Central American
- Cuban
- Mexican
- Puerto Rican
- Spanish/Hispanic/Latino/Latina
- Other Hispanic \_\_\_\_\_

#### Non-Hispanic

- Black or African American
- White (Non-Hispanic)
- Native Hawaiian
- Pacific Islander
- American Indian
- Alaskan Native
- Other: \_\_\_\_\_

#### Asian

- Cambodian
- Chinese
- Filipino
- Indian
- Japanese
- Korean
- Malaysian
- Pakistani
- Southeast Asian
- Thai
- Vietnamese
- Other Asian \_\_\_\_\_

## RESUME/CV (REQUIRED)

Please attach a copy of your Resume/CV including the following information:

- Educational History (colleges attended and degrees earned)
- Any employment or volunteer experiences in a health care setting
- Any additional employment experiences and/or research experience
- College extracurricular activities, honors, and leadership responsibilities
- Community activities, honors, and leadership responsibilities
- Research experience, publications, or presentations.

## ADDITIONAL QUESTIONS (REQUIRED)

Were you ever in the military:  No  Yes

If yes, indicate type/date of discharge:  Honorable \_\_\_\_\_  Dishonorable \_\_\_\_\_  Other \_\_\_\_\_

Have you applied to a program at RFUMS before?  No  Yes

If yes, state program/date: \_\_\_\_\_

Were you ever the recipient of any action for unacceptable academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) or were you ever the recipient of any action for conduct violations (e.g. probation, suspension, dismissal, etc.) by any college or school?  No  Yes

Have you ever been convicted of a misdemeanor or felony?  No  Yes

Have you ever been the recipient of any action (disciplinary, suspension, disqualification, revocation, etc.) relating to any professional license or certification you have ever held?  No  Yes

***If you answered "Yes" to any of the last three questions, please explain on separate sheet.***

## ESSAY (REQUIRED)

Please attach an essay that addresses the following question: "If you were a cancer, which would you be, and why?"



**Rosalind Franklin University of Medicine and Science**  
**College of Health Professions • Pathologists' Assistant Program**  
**Recommendation for Admission**

**MAILING ADDRESS:**

Rosalind Franklin University of Medicine and Science  
 Office of CHP Admissions (PATH)  
 3333 Green Bay Road  
 North Chicago, Illinois 60064  
 USA

**PHONE:** (847) 578-3204

**NOTE:** Faxed, photocopied or emailed forms are not acceptable.

**RELEASE OF ACCESS:** The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I waive my right of access to this letter

\_\_\_\_\_  
 Signature of Applicant & Date

I do not waive my right of access to this letter.

NAME OF APPLICANT: \_\_\_\_\_  
 (Last) (First) (Middle)

1. How well do you know the applicant?  Very well  Fairly well  Minimally  Unknown  
 How long have you known the applicant? \_\_\_\_\_ In which capacities have you been associated with the applicant?  
 Instruction  Lecture  Laboratory  Seminar  Undergraduate academic advising  Graduate academic advising  
 Other \_\_\_\_\_

2. **MOTIVATION FOR STUDY**

- Exceptionally good  Good; no major weaknesses  Poor  Inadequate opportunity to observe  
 Weak in some respects, such as \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

3. **CAREER POTENTIAL:**

- Exceptionally good  Good; no major weaknesses  Poor  Inadequate opportunity to observe  
 Weak in some respects, such as \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

4. **COMMUNICATION SKILLS**

	Above Average	Accurate & Appropriate	Inappropriate Verbose, etc.	Poor Expression	Inadequate Observation
<b>Oral</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Written</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

5. **WORK HABITS:**  Exceptionally good  Good; no major weaknesses  Poor  Inadequate opportunity to observe

6. **INTERPERSONAL RELATIONS WITH STUDENTS IN CLASS**

- Appropriate  Poor  Inadequate opportunity to observe  Difficulties, such as \_\_\_\_\_

7. **INTEGRITY**

- Appropriate  Poor  Inadequate opportunity to observe  Difficulties, such as \_\_\_\_\_

8. **PERSONALITY**  Satisfactory  Objectionable  Inadequate opportunity to observe

9. **MATURITY**  Mature  Will mature well  Immature  Inadequate opportunity to observe

(Continued on next page)



10. In addition to your response on the front side of this form, please give your personal evaluation of and reaction to the applicant. (You may wish to amplify some of your previous comments.) **NOTICE: Letter MUST arrive in signed, sealed letterhead envelope to be deemed official.**

My recommendation is:     Very Enthusiastic     Strong     Neutral     Negative

Please print your name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE: Letter MUST arrive in a sealed letterhead envelope bearing the author's signature across the external envelope flap to be deemed official.**