



Read before filling out this form: Please print carefully or type responses to all sections of the application. If space is not enough, feel free to attach additional pages. Transcripts and other documents submitted to Admissions become the property of AUHS and will not be released or returned to the applicant or forwarded to any other institution.

Date _____

PERSONAL DATA

Social Security Number _____ - _____ - _____

Sex (check one): ☐ M ☐ F

Name (please print) _____
Last First Middle

Date of Birth _____ Place of Birth _____

PLEASE
ATTACH
RECENT
PHOTOGRAPH

CONTACT INFORMATION

 (Check the address to which communication concerning your application should be mailed.)

Permanent Address _____
Number Street City State Zip

Present Address _____
Number Street City State Zip

E-Mail Address _____ Phone Number _____ Skype Account _____

Please state your status: ☐ U.S. Citizen ☐ Permanent Resident ☐ F-1 Visa

If you are an U.S. citizen or Permanent Resident, please check one of the following:

☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Asian/Pacific Islander ☐ American Indian ☐ Hispanic ☐ Other

If you selected "Asian/Pacific Islander," please specify _____

Are you fluent in another language? ☐ Yes ☐ No

Name of Parent or nearest relative _____

Parent/Relative's Address & Phone _____

Parent/Relative's Occupation _____

Year/session you wish to be admitted _____

Will you be applying for financial aid? ☐ Yes ☐ No

Were you ever required to leave college or denied readmission because of deficiencies in either conduct or academic?

UNIVERSITY PROGRAMS

☐ Doctor of Pharmacy

☐ Doctor of Nursing Practice (DNP)

☐ Bachelor of Science in Nursing

☐ Bachelor of Science in Pharmaceutical Sciences

☐ Master of Science in Nursing

☐ Family Nursing Practitioner

☐ Post Graduate APRN: Post Masters FNP

☐ Nursing Education

☐ Nursing Leadership & Management

☐ Master of Science in
Clinical Research

☐ Pharmacy Technician

EDUCATION

Name in chronological order the institutions that you have attended including the high school and trade school. Give the name of each institution including the date of attendance and the degree certificate received.

Name of Institution	Degree	Dates

COURSE WORK IN PROGRESS

Please list the course(s) you are currently taking and course(s) you are planning to complete before you would begin school, if accepted. Carefully compare your planned and projected course work to the prerequisite requirements.

Category	Course Name	Units	Institution	Date to be Completed

EMPLOYMENT

Beginning your current position, list in reverse chronological order all full and part-time employment. Include position titles, dates, approximate hours worked per week and place of employment (You may use a separate sheet of paper or attach a resume in lieu of completing this section).

Began Mo./Yr.	Ended Mo./Yr.	Approx. Hr. Worked/Wk	Position & Responsibilities	Place or Employment

COMMUNITY/VOLUNTEER

Please list the extracurricular and/or community activities in which you participated. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may use a sheet of paper).

Community/Volunteer Activities	Hrs	Dates

EXTRA CURRICULAR ACTIVITIES

Have you ever been convicted of misdemeanor or a felony (excluding parking violations)
(If yes, it is your responsibility to notify American University of Health Sciences.)

☐

Yes

☐

No

If more than six months have elapsed since your last attendance at an educational institution, indicate briefly how your time has been employed:_____

How did you find out about American University of Health Sciences?

<input type="checkbox"/> Friend _____	<input type="checkbox"/> Internet _____	<input type="checkbox"/> College Fair _____
<input type="checkbox"/> AUHS Graduate _____	<input type="checkbox"/> Advertisement (specify): _____	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Co-worker _____	_____	_____

ATTACHED A BRIEF TYPED PERSONAL STATEMENT DESCRIBING YOUR REASON FOR CHOOSING A CAREER IN YOUR DESIRED FIELD AND WHY YOU WOULD BE AN ASSET TO AMERICAN UNIVERSITY OF HEALTH SCIENCES.

I certify that these responses are true to the best of my knowledge, and I am aware that any knowing falsification hereon may result in denial and admission. Further, it is my understanding that I shall not be considered for admission until I have submitted all credentials. I understand that I am responsible for becoming familiar with and abiding by the general regulations governing the conduct of the students at the American University of Health Sciences. I pledge to abide by these regulations and any other comparable regulations that may be adopted during the period of my enrollment.

Signature _____

Date _____



Admissions Office, American University of Health Sciences, 1600 E. Hill Street, Bldg 1, Signal Hill, CA 90755 Phone: 562.988.2278