

Application for Admission

College of Nursing and Health Sciences

Undergraduate and Graduate Programs

Barry University

Health Sciences Admissions

11300 NE 2nd Avenue, Miami, FL 33161

Application Information

P: 305.899.3484 or 1.800.756.6000, ext. 3484

Financial Aid

P: 305.899.3673 or 1.800.695.2279

healthsciences@barry.edu

www.barry.edu/healthcare

You may also apply online at www.barry.edu/myBarry

To obtain applications for all other programs and for more details, please contact the Office of Graduate Admissions.

GENERAL INFORMATION

- You may be admitted to the Health Sciences undergraduate and graduate programs at Barry University in any of the following areas: Anesthesiology (MS), Doctor of Nursing Practice/Anesthesiology Specialization (DNP), Biomedical Sciences (MS), Post-Baccalaureate Pre-Med Certificate Program, Clinical Biology Completion Program (BS); Clinical Biology/Histotechnology Specialization (MS); Clinical Biology/Laboratory Management Specialization (MS); Health Services Administration (MS and Graduate Certificates); Histotechnology (Post-Baccalaureate Certificate); Occupational Therapy (MS, OTD); Public Health and Health Services Administration Dual Degree Program (MPH/MS).
 - To apply for any of the Health Sciences undergraduate or graduate programs, you must follow the procedures outlined here and submit all requested credentials.
 - An admission decision cannot be reached until your file is current and complete.
 - It is your responsibility to ensure that ALL required credentials are forwarded to: Barry University, Health Sciences Admissions, 11300 NE 2nd Avenue, Miami, FL 33161.
 - If you have a disability that requires accommodation, please contact the Office of Disability Services for information on services available to you:
P: 305.899.3488 • F: 305.899.3056
Voice/TDD: 305.899.3488
Email: disabilityservices@barry.edu
The Office of Disability Services is located in Landon Student Union 102.
 - Please direct any questions regarding the application process to the appropriate office:
Health Sciences Admissions Records
P: 305.899.3484 • 1.800.756.6000, ext. 3484
F: 305.899.3232 • Email: healthsciences@barry.edu
Health Sciences Recruiting
P: 305.899.3379 • 1.800.756.6000, ext. 3379
Financial Aid Office
P: 305.899.3673 • 1.800.695.2279
F: 305.899.3104 • Email: finaid@barry.edu
- For specific questions on a particular program, please contact the appropriate program advisor. See the Health Sciences undergraduate and graduate academic advisors list.

ADMISSION PROCESS: DEGREE PROGRAM

1. Submit your application form, fee, and statement of purpose.
2. You will receive a notification from the CNHS Admissions Office about any additional documents required for submission.
3. Submit the required supplemental documents (such as references, etc.).
4. Once your file is complete and processed, it will be forwarded to the program's Admissions Committee for review.
5. You will be notified in writing of your acceptance status.

APPLICATION PROCESS: NON-DEGREE PROGRAM

1. After we have received your application form, application fee, and proof of degree from a regionally accredited institution, you will be informed if additional documents are required.
2. After your file has been reviewed, you will be notified in writing of your acceptance status.

GENERAL APPLICATION INSTRUCTIONS

1. The first step is to submit your application, statement of purpose, resume (if applicable), and application fee then all other application materials.
2. Please send all application materials directly to Health Sciences Admissions. Sending anywhere else will delay processing.
3. Please indicate your Social Security number on all documents, including checks for application fees and deposits. While including your Social Security number is optional, it helps us identify your materials and is used for this purpose only.
4. Notify Health Sciences Admissions in writing immediately if your name or address changes.
5. Please note: All application materials become the property of the University and cannot be returned.

DEADLINES

Specific deadlines apply to the degree programs listed below:

- Anesthesiology (MS) - May 1
- Clinical Biology/Histotechnology Specialization (MS) - August 1
- Histotechnology (Post-Baccalaureate Certificate) - August 1
- Occupational Therapy (MS) - April 1

Early decision: Once you submit all the required application materials, your file will be processed and directed to the Admissions Committee of the respective program. The program will contact you to arrange for an interview if required. Some programs may render an early acceptance decision prior to the posted deadline.

APPLICATION FEE/DEPOSITS

1. You must submit an application fee of \$30 (\$15 for Barry alumni) in U.S. funds with your application. Please make your check or money order payable to Barry University.
2. The application fee is a processing fee and is **nonrefundable**.
3. Please print your name and Social Security number (optional) on your check/money order.

TRANSCRIPTS

1. All transcripts must be official.
2. You may not send transcripts directly unless they are in an official envelope sealed by the institution issuing the transcripts.
3. Transcripts received from foreign colleges/universities that are in a language other than English must be translated by an official translation agency. This is your responsibility. In addition, you must present an evaluation of coursework from an official transcript evaluation agency that is a member of NACES. (For a list of NACES members, please visit www.naces.org.)
4. Your application will not be given full consideration until we receive your transcripts.
5. If you graduated from Barry, you do not need to request transcripts for your application. If you are in the process of completing an undergraduate degree at Barry, you must request that a final official transcript be sent to Health Sciences Admissions when the degree is posted.

STATEMENT OF PURPOSE

1. Your statement of purpose must be typed.
2. On the upper right-hand corner of each page, print your name, Social Security number (optional), desired program, and a page number.
3. Your signature should be affixed at the end of your statement.

LETTERS OF RECOMMENDATION (IF APPLICABLE)

1. If delivered by the applicant, the letter must be signed and in an envelope sealed by the person issuing the recommendation.
2. The recommendation should discuss your ability to succeed in the program you are applying to. Two recommendation forms are provided in this booklet. Make copies if necessary.

FINANCIAL AID

1. Complete the Free Application for Federal Student Aid (FAFSA) and designate Barry University as an institutional recipient. (Barry University's federal school code is 001466). You may apply online at www.fafsa.ed.gov.
2. Send all financial aid documentation to: Barry University, Office of Financial Aid, 11300 NE 2nd Avenue, Miami, FL 33161. Please direct all financial aid questions to 305.899.3673, 1.800.695.2279, or finaid@barry.edu.
3. Please note: **Non-degree**-seeking students are **not** eligible to receive financial aid.

College of Nursing and Health Sciences

Undergraduate and Graduate Programs Application

For Office Use Only \$30 FW NM

Please mail this application and your \$30 (\$15 for Barry alumni) nonrefundable processing fee (payable to Barry University) to:
Barry University, Health Sciences Admissions, 11300 NE 2nd Avenue, Miami, FL 33161. For additional information, call 305.899.3484 •
1.800.756.6000, ext. 3484 • F: 305.899.3232 • Email: healthsciences@barry.edu. • Web: www.barry.edu/healthcare

PERSONAL INFORMATION (Please type or print)

Name _____
Last First Middle

Indicate any other name which may appear on your credentials _____

Social Security Number* _____ - _____ - _____

Address _____
Street Apt.

City State ZIP Country

Phone: Home (____) _____ Cell (____) _____ Work (____) _____ Ext. _____

Fax (____) _____ Email _____

Gender:** Male Female Birthdate** _____ Birthplace** _____
City and State or Country

Citizenship: U.S. Other If other, specify country: _____

If you are not a U.S. citizen, do you require an I-20 (required to obtain a student visa)? Yes No

Type of U.S. visa held (if any): _____

Alien Registration Number (if applicable) _____

Ethnic group membership (Optional: used for government reporting purposes only)

American Indian (05) Black, Non-Hispanic (04) Alaskan Native (07) Caucasian, Hispanic (01)

Asian (06) Caucasian, Non-Hispanic (02) Black, Hispanic (03) Other _____ (08)

Emergency contact person _____ Relationship _____

Address of emergency contact person _____ (____) _____
Street Apt. Phone

City

State

ZIP

Country

INTENDED PROGRAM Please check one of the following:

- Anesthesiology (MS - requires supplemental application)
- Doctor of Nursing Practice with Specialization in Anesthesiology (DNP)
- Biomedical Sciences (MS)
- Clinical Biology Completion Program (BS)
- Post-Baccalaureate Certificate in Histotechnology (nondegree)
- Clinical Biology (MS) with a Specialization in:
 - Histotechnology
 - Laboratory Management
- Occupational Therapy (MS)
- Occupational Therapy (OTD)
- Medical Biotechnology (MS)
- Health Services Administration (MS)
- Dual Degree Health Services Administration (MS) and Master of Public Health (MPH)
- Health Services Administration Graduate Certificates (nondegree-seeking students). **Specify which one:**
 - Health Care Leadership
 - Health Care Planning and Informatics
 - Long-Term Care Management
 - Medical Group Practice Management
 - Quality Improvement and Outcomes Management
- Post-Baccalaureate Pre-Med Certificate Program
- Non-degree (excluding certificate programs) or Guest Student

Note: Entry into the Post-Baccalaureate Certificate in Histotechnology and Occupational Therapy (except OTRs) programs is in the fall only. Entry into Anesthesiology is in the spring only (January). Entry into the Doctor of Nursing Practice in Anesthesiology is in the fall only.

Please indicate anticipated start term: Fall Spring Summer Year _____

Anticipated attendance: Full time Part time

How did you learn about this program offered by Barry University? _____

Have you attended Barry University before? No Yes If yes, please indicate your dates of attendance: _____

EDUCATIONAL BACKGROUND

List all colleges and professional schools attended. It is your responsibility to request that **an official transcript from each school be sent directly to Barry University, Health Sciences Admissions**. Barry alumni do not need to request a Barry transcript. If a degree is pending, indicate date degree will be awarded and request one transcript be forwarded immediately and one when the **degree is posted** on the transcript. Use an additional page if necessary. **Specify any other name you may have used on transcripts.**

Name, city, state, country of institution(s) attended (Do not use acronyms)	Name used (if different)	Dates of Attendance		Degree and Date Received/Expected
		From	To	

If you have ever received failing grades, been placed on probation, or been dismissed from or denied readmission to any college, explain the circumstances. Please be specific. Use a separate sheet if necessary.

List school, civic, business, professional, or other similar organizations in which you have been active. Circle any in which you have held office. _____

Are you available for a personal interview if requested? Yes No

Graduate Applicants ONLY: Please fill in this additional information.

Undergraduate Major _____ Minor _____

Graduate level courses taken in: _____

RECOMMENDATIONS

Refer to the university catalog for recommendation requirement(s) in each degree program (www.barry.edu/catalog). It is your responsibility to request recommendations in support of your application from the individuals listed below. These recommendations will become a part of your permanent file. **Please ask that all recommendations be directed to Barry University, Health Sciences Admissions.** Recommendations must be sent in a sealed envelope by the endorser using the enclosed recommendation form or letterhead.

Name and Address	Association with Applicant

WRITTEN STATEMENT OF PURPOSE

On a separate sheet of paper, state as specifically as possible: (a) your reasons for selecting Barry University; (b) your professional plans upon completion of your degree; and (c) any information that you believe will help the admissions committee in the evaluation of your application. **For program-specific requirements, please refer to the university catalog (www.barry.edu/catalog).**

ADMISSION TEST REQUIREMENTS (Refer to the university catalog at www.barry.edu/catalog for test requirements.)

Official scores should be sent to Barry University, Health Sciences Admissions (Institution Code = 5053).

GRE	(Graduate Record Exam – General Aptitude)	Date(s) taken _____	Date planning to take _____
GMAT	(Graduate Management Aptitude Test)	Date(s) taken _____	Date planning to take _____
MCAT	(Medical College Admission Test)	Date(s) taken _____	Date planning to take _____
DAT	(Dental Admission Test)	Date(s) taken _____	Date planning to take _____
TOEFL†	(Test of English as a Foreign Language)	Date(s) taken _____	Date planning to take _____
Other	_____	Date(s) taken _____	Date planning to take _____

OCCUPATIONAL BACKGROUND

List recent positions held, name of employer, and your immediate supervisor. Use an additional page if necessary. You may submit a current resume in lieu of filling out this section.

Occupation/Title	From	To	Name of Employer	Supervisor/Phone Number

All applicants must complete the following certification statement:

I CERTIFY THAT the information given in this application is complete and accurate. I realize that my application cannot be reviewed until all requested credentials have been received by the Health Sciences Admissions Office, that it is my responsibility to support these credentials, and that concealment of any college-level work – both undergraduate and graduate – will cancel and nullify my application. If accepted, I agree to comply with the regulations of the University and to pay all fees required. I understand that all credentials become the property of Barry University.

Signature of applicant _____ Date _____

*Applicants for admission are advised that the requested disclosure of your Social Security number is voluntary. All Barry applicants will be assigned a seven-digit identification number. The Social Security number will be used as a cross-reference identification number only. It will not be used to identify student records such as grade reports or permanent academic records, nor to certify school attendance or report student status. If you wish to apply for federal or state grants, loans, and other financial aid programs you are required to supply your Social Security number. Your Social Security number will not be disclosed to individuals or agencies outside Barry University except in accordance with Barry University policy on student records.

**Birthplace and birthdate are required for international applicants in order to complete an I-20 student visa application form. For all other applicants, the information gathered concerning birthplace, birthdate, gender, or racial/ethnic group will be used for administrative and reporting purposes only. The applicant is not required to answer these questions and refusal to answer them will not affect admission. Any information you give in answer to these questions will be kept confidential.

† Minimum score of 550 on the paper-based test (PBT), 213 on the computer-based test (CBT), or 79 on the Internet-based test (iBT)

Barry University does not discriminate on the basis of race, creed, color, ethnicity, national origin, ancestry, religion, gender, sexual orientation, gender identity, genetic information, familial status, marital status, pregnancy, age, disability status, or veteran status. Barry University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, masters, specialist, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Barry University.



HEALTH SCIENCES ADMISSIONS
11300 NE 2nd Avenue
Miami, FL 33161

Transcript Request Form

Dear Prospective Student:

Please fill in the reverse side of this Transcript Request Form and send it to all colleges/universities you attended. If classes (credits) have been transferred to another college, we still must receive a transcript from the originating college. Full acceptance cannot be made until all transcripts are received.

If you need more forms, please feel free to make copies.

Thank you for your prompt attention to expediting transcript request information.



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Transcript Request Form

To: REGISTRAR

Date _____

Name of College/University

Address

City and State

ZIP

PLEASE SEND A TRANSCRIPT OF MY RECORD TO:

BARRY UNIVERSITY
Health Sciences Admissions
11300 NE 2nd Avenue
Miami, FL 33161

I attended your school from _____ (mo.) _____ (yr.) to _____ (mo.) _____ (yr.)

Name used while attending _____

Social Security # _____ - _____ - _____ (for identification purposes)

Full legal name _____
(please print)

Address _____ Apt. _____

City & State _____ ZIP _____

Signature _____

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Name used while attending _____

Social Security # _____ - _____ - _____ (for identification purposes)

Full legal name _____
(please print)

Address _____ Apt. _____

City & State _____ ZIP _____

Signature _____

Recommendation Form – Confidential

This form may be photocopied

College of Nursing and Health Sciences Undergraduate and Graduate Programs

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Provide that person with a stamped envelope addressed to: Barry University, Health Sciences Admissions, 11300 NE 2nd Avenue, Miami, FL 33161.

Name _____ Social Security Number* _____ - _____ - _____
Last First Middle

Address _____
Street City State ZIP

Program _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assist you. Under the provisions of the Act, you have the right, if you enroll at Barry, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access I may have to this recommendation form.

 Signature Date

TO THE RESPONDENT: The above-named person is applying to an academic program at Barry University. You have been chosen by the applicant to aid us in the selection process by supplying a confidential evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below. (Please print or type)

1. I have known the applicant as an undergraduate student; a graduate student; other _____
2. I have known the applicant since _____, in my position as _____

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

	No Basis	Very Low	Average	High	Very High
A. Motivation for academic work	0	1 2 3	4 5 6	7 8	9 10
B. Intellectual ability	0	1 2 3	4 5 6	7 8	9 10
C. Creativity	0	1 2 3	4 5 6	7 8	9 10
D. Breadth of general knowledge	0	1 2 3	4 5 6	7 8	9 10
E. Grasp of field	0	1 2 3	4 5 6	7 8	9 10
F. Oral expression	0	1 2 3	4 5 6	7 8	9 10
G. Written expression	0	1 2 3	4 5 6	7 8	9 10
H. Initiative	0	1 2 3	4 5 6	7 8	9 10
I. Resourcefulness	0	1 2 3	4 5 6	7 8	9 10
J. Emotional maturity	0	1 2 3	4 5 6	7 8	9 10
K. Cooperation	0	1 2 3	4 5 6	7 8	9 10
L. Promise as a researcher	0	1 2 3	4 5 6	7 8	9 10

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3. Other comments related to the applicant's success in one of the University's Health Sciences Programs that you feel would be of importance to the admissions committee.

If you are completing this form to recommend an applicant to the **Health Services Administration** program, please specifically address (a) the academic potential the individual exhibits for becoming an effective health care leader and (b) examples of leadership potential that this individual has already exhibited.

4. I recommend this applicant:

Not at all

Moderately

Enthusiastically

1 2 3

4 5 6

7 8 9

Supplementary remarks _____

Signature of the respondent _____

Name _____ Date _____

Title _____ Phone (_____) _____ Ext. _____

Company/Institution _____

Address _____

Questions? Call 305.899.3484 or 1.800.756.6000, ext. 3484.

Please mail form directly to:

Barry University

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Name _____ Social Security Number* _____ - _____ - _____
Last First Middle

Address _____
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Title _____ Phone (_____) _____ Ext. _____

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