

Aristotle University  
 6185 Paseo del Norte, Suite #200  
 Carlsbad, California 92011  
 760-550-7222 / 760-655-4374 (e-Fax)  
[www.AristotleU.com](http://www.AristotleU.com)



ARISTOTLE UNIVERSITY

Aristotle University  
 Aristotle University College of Law  
 Aristotle University School of Public Health

**Application For Admission**  
**Aristotle University School of Public Health**

Check Program Applying For:

- Emergency Medicine Physician Assistant Residency
- Master's in Public Health

Applying for: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer of 20\_\_

Insert Your Photo Here

*You may submit Supplemental Information as you deem necessary in support of the consideration of your Admission via email or fax to:*

**[AristotleAdmissions@AristotleU.com](mailto:AristotleAdmissions@AristotleU.com) or 1-760-655-4374**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Have you ever applied to or previously attended Aristotle University ? \_\_\_\_ Yes \_\_\_\_ No

**Employment Record** List ALL previous employers for past ten (10) years; or submit Curriculum Vitae / Resume.

Dates of Employment	Employer's Name	Employer's Address	Employer's Telephone Number	Your Position

## Academic Information

List ALL educational institutions attended in chronological order. You MUST have ALL of your Official Transcripts sent directly to Aristotle University.

College / University	Location	Dates Attended	Total Units Completed	Degree Earned	Date Conferred	Major

Please check which Graduate Admissions Test you have taken:

	Date Taken
<input type="radio"/> GRE	
<input type="radio"/> GMAT	
<input type="radio"/> MCAT	
<input type="radio"/> National Commission on Certification of Physician Assistants	
<input type="radio"/> Other	

## Personal Information

- (1). Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_ Separated \_\_\_
- (2). Prior conviction of any type: Explain (May attach explanation in Sealed envelope addressed to President, Aristotle University)
- (3). Prior Dismissal from any School? Explain in an Attachment
- (4). Special Circumstances you would like us to consider. Send As Attachment.
- (5). Ethnicity: \_\_\_ Am Indian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Philipino \_\_\_ Caucasion \_\_\_ Other
- (6). Occupation: \_\_\_\_\_
- (7). Professional Licenses Held: \_\_\_\_\_

## In addition to submitting your Application

- (8). Submit Personal Statement As Attachment- Explain: What you like us to know about you? Why you should be admitted ?
- (9). Arrange Personal Interview.
- (10). Submit CV As Attachment.
- (11). Insert Photo on Page #1 of this Application

Once you have submitted your application to the MPH degree program at Aristotle University, you will be contacted by the Dean of Admissions in order to arrange a personal interview, which may take place either in person or via telephone or videoconference.

I hereby make application for admission to the Aristotle University School of Public Health. I understand that all fees and tuition must be paid in full prior to graduation. I understand that all application materials which are submitted to Aristotle University will become the property of the University and will not be returned to me. Additionally, I understand that the \$100 Application Fee is non-refundable.

X \_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_