



**Dumke College of Health Professions  
Weber State University**

# **Master of Health Administration**

**Application for Admission**

## Application for Admission to the Master of Health Administration Program

**PERSONAL**

Name .....

Mailing Address .....

.....

E-mail ..... U.S. Social Security Number .....

Phone Numbers (home) ..... (work) .....

What is your citizenship status?    U.S. Citizen    U.S. Permanent Resident    Other

Birth date    ...../...../.....    Birthplace .....

Optional:

Name of spouse .....  
(if applicable)

**EDUCATION**

Please list all high schools and universities attended.

Name	Location	Dates (Month & Year)		Degree (if any)
		From	To	Month & Year Received

High School

.....

Undergraduate

.....

.....

Graduate Education (if any)

.....

**UNDERGRADUATE GPA & MAJOR**

Cumulative Grade Point Average on 4.00 Scale (convert if necessary) .....

Undergraduate Major ..... Minor .....

Have you taken the **GMAT?** \_\_ Yes \_\_ No or **GRE?** \_\_ Yes \_\_ No    **Composite Score** GMAT\_\_\_\_ GRE \_\_\_\_\_

**Verbal** GMAT\_\_\_\_ GRE\_\_\_\_\_    **Quantitative** GMAT\_\_\_\_ GRE\_\_\_\_\_    **Analytical** GMAT\_\_\_\_ GRE\_\_\_\_\_

If neither, which one and when do you plan to do so?\_\_\_\_\_

**FULL-TIME/PART-TIME BASIS**

The DCHP MHA program is an evening program which students may take on a full-time or part time basis.

Presently, I intend to pursue the MHA program on a full-time basis (two evenings each week)

Presently, I intend to pursue the MHA program on a part-time basis (one evening each week)

Your response will assist our planning. If you admitted to the program you will be free to change your status at any time.

**ACTIVITIES IN COLLEGE/UNIVERSITY**

Activity	Dates of Participation
.....	.....
.....	.....
.....	.....

**COMMUNITY AND CIVIC ACTIVITES**

Activity	Dates of Participation	Contact Name & Tel. Number
.....	.....	.....
.....	.....	.....
.....	.....	.....

**AWARDS AND RECOGNITION**

List distinctions, honors, and awards (academic, military, extracurricular, professional, community).

Award/Recognition	Date	Selection Criteria
.....	.....	.....
.....	.....	.....

**EMPLOYMENT HISTORY**

Your current employment and previous work experience are very important. Please provide complete information. Please list employment positions in reverse chronological order, with your currently employment first. It is only necessary to give company information once.

TOTAL YEARS WORKING IN HEALTH CARE \_\_\_\_\_

TOTAL YEARS MANAGEMENT EXPERIENCE \_\_\_\_\_

**CURRENT FULL-TIME EMPLOYMENT**

(if you are not presently employed in a full-time position, simply write "not presently employed full-time")

Company name: .....

Company size (i.e., number of employees, annual revenues): .....

.....

Nature of Business: .....

Job Location: .....

Job Title: ..... Annual base salary (U.S.\$) .....

Please list and describe your responsibilities: .....

.....

How will the graduate program help you in this position? .....

.....

Will your present employer provide financial assistance to pursue a graduate degree? ?Yes ?No

**PREVIOUS EMPLOYMENT**

Company name: .....

Dates: From:..... To:.....  
(month/year) (month/year)

Company size (i.e., number of employees, annual revenues): .....

Nature of Business: .....

Job Location: .....

Job Title: ..... Annual base salary(U.S.\$) .....

Please list and describe your responsibilities: .....

.....

**PART-TIME/SUMMER EXPERIENCE/OTHER ACTIVITIES**

Provide a brief list of summer jobs, part-time jobs, or other activities (e.g., extended travel, employment search, etc.):

Dates (month/year-month/year)	Employer/Activity	Location	Duties	Hours/W eek
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**ESSAYS**

Please respond to the following questions on separate pages. Type the question at the top of each page. Essays should be single spaced on plain white paper, with your name on the bottom of each page. Essays should not exceed one page.

1. Describe a significant leadership experience which has enhanced your professional development.
2. Describe a significant career accomplishment that you found particularly rewarding.

**In addition to completing an application for the MHA program, students must also apply to Weber State University. Application to Weber State University may be done after students are accepted into this certificate program.**

**CHECKLIST**

1. Have all appropriate sections of this application been completed?
2. Will GMAT or GRE scores be forwarded to the MHA Graduate Admissions Committee?
3. Have transcripts been included or forwarded to the MHA Graduate Admissions Committee?
4. Have you included a resume?
5. Have you included two letters of recommendation?
6. Have you included the \$30.00 application fee (check payable to Weber State University)?
7. Graduates of non-English-speaking universities must have official TOEFL scores forwarded to the MHA Graduate Admissions Committee.