

**SCHOOL OF GRADUATE MEDICAL EDUCATION  
MASTER OF SCIENCE IN HEALTH SCIENCES  
ADMISSION REQUIREMENTS AND APPLICATION PROCEDURE**

Thank you for your interest in the Graduate Programs in Health Sciences offered through Seton Hall University's School of Graduate Medical Education. Within this application you will find everything you need to apply for admission, including information on requirements and procedures.

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**SETON HALL UNIVERSITY  
REQUIREMENTS FOR ADMISSION TO GRADUATE STUDY**

Among the criteria applied in determining eligibility for admission to graduate studies are a baccalaureate degree with a satisfactory undergraduate scholastic average in appropriate course work from an accredited college or university; satisfactory scores on any entrance examinations required by the department; and interviews, appropriate references and any other assessment procedures when requested. Graduate students must meet the course and credit requirements of the department in which they intend to study.

For additional information, please go to: [gradmeded.shu.edu/graduateprograms/mshs.html](http://gradmeded.shu.edu/graduateprograms/mshs.html)

**SCHOOL OF GRADUATE MEDICAL EDUCATION  
GRADUATE PROGRAMS IN HEALTH SCIENCES  
ADMISSION REQUIREMENTS – M.S.**

Application deadlines: Rolling Admissions

**APPLICATION PROCEDURE**

Completed applications include all of the following:

- Completed School of Graduate Medical Education application form (Submit Online);
- Official transcript from each college and university attended (including Seton Hall);
- **Two** completed academic and/or professional recommendation forms and accompanying letters;
- A 500 word personal statement discussing your professional goals in relationship to the pursuit of scholarly advancement and your area of research interested.
- Application fee payable by credit card, check, or money order (made payable to Seton Hall University) in the amount of \$75.
- In addition, International Students must submit:
  - Official (not photocopied) TOEFL Score of at least 550;

Request for Certificate of Eligibility Form; and  
Declaration and Certification of Finances Form.

All transcripts from outside of the United States (including college and high school) must be evaluated course by course by a recognized transcript evaluation agency. Translations alone will not be accepted. We recommend World Education Services. The address is:

World Education Services  
PO Box 745  
Old Chelsea Station  
New York, NY 10113-0745  
Tel. No.: 212-966-6311 FAX: 212-966-6395

All materials not submitted online, supplemental forms, and/or payment should be mailed to:

Seton Hall University  
Attn: Deborah Verderosa - Master of Science in Health Sciences Program  
School of Graduate Medical Education  
400 South Orange Avenue  
South Orange, NJ 07079

For further information about the program, please contact the MS in Health Sciences at (973) 275-2076, or go to: [gradmeded.shu.edu/graduateprograms/mshs.html](http://gradmeded.shu.edu/graduateprograms/mshs.html)

Link to the School of Graduate Medical Education home page: <http://gradmeded.shu.edu/>

# School of Graduate Medical Education

PLEASE CHECK SPECIALIZATION TRACK OF INTEREST: \_\_\_\_\_

Are you applying to study:  Part time  Full time

Term of entry: \_\_\_\_\_

Have you previously applied for admission?  Yes  No If yes, what year? \_\_\_\_\_

**Title**  Mr.  Ms.  Sr.  Dr.  Other

**Name** \_\_\_\_\_  

Last Name
First Name
Middle

Other names your records may be under \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Gender**  Male  Female

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Month/Day/Year

**Marital Status** (optional) : \_\_\_\_\_ **Ethnic Background** (optional) : \_\_\_\_\_

**Religious Affiliation** (optional) : \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Address valid until:** \_\_\_\_/\_\_\_\_  
Number and Street Month/Year

\_\_\_\_\_  
City State/Province Zip + suffix

\_\_\_\_\_  
Country

**Permanent Address** \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State/Province Zip + suffix

\_\_\_\_\_  
Country

**Email** \_\_\_\_\_ **Type** \_\_\_\_\_

**Telephone and Fax Numbers**

**Current Home Telephone**

**Work Telephone**

**Fax Number**

(May we contact you here?)  Yes  No

(May we contact you here?)  Yes  No

( ) \_\_\_\_\_  
Country / Area Code / Number

( ) \_\_\_\_\_  
Country / Area Code / Number

( ) \_\_\_\_\_  
Country / Area Code / Number

**Mobile Phone**

(May we contact you here?)  Yes  No

( ) \_\_\_\_\_  
Country / Area Code / Number

**Citizenship**

**Country(ies) of Citizenship:** \_\_\_\_\_ **Visa Type:** \_\_\_\_\_

**Non - U.S. citizens only: Are you a U.S. permanent resident?**  Yes  No

**Testing Information**

**TOEFL** (for international applicants only)

Date taken (or plan to take) \_\_\_\_/\_\_\_\_ Section 1 \_\_\_\_ Section 2 \_\_\_\_ Section 3 \_\_\_\_ Total \_\_\_\_  
Month/Year Score Score Score Score

To which other graduate schools have you applied?  
 \_\_\_\_\_

**Education**

Undergraduate Grade Point Average (if available) \_\_\_\_\_

Please list all post-secondary colleges, universities, or institutions attended, including those attended for summer session or evening classes. OFFICIAL transcripts from all colleges and universities attended including those attended for less than one full semester/quarter must be provided.

Name of school	Dates attended	Degree received	Major field	CEEB
	/ - /			
	/ - /			
	/ - /			
	/ - /			
	/ - /			

**References**

Please list your evaluators.

1. Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Source(s) of Information**

How did you learn about the Program? \_\_\_\_\_

**Employment History**

Beginning with your most recent job, please list below in reverse chronological order each of the jobs you have had since the beginning of your college studies. **Please account for all periods of time.** You may use the "Additional Information" page if necessary.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ or  Current  
 (month/year) / (month/year) /  
 Employer Nature of Business \_\_\_\_\_ Position/Job Title: \_\_\_\_\_  
 Location \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ or  Current  
 (month/year) / (month/year) /  
 Employer Nature of Business \_\_\_\_\_ Position/Job Title: \_\_\_\_\_  
 Location \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (month/year) / (month/year) /  
 Employer Nature of Business \_\_\_\_\_ Position/Job Title: \_\_\_\_\_  
 Location \_\_\_\_\_

Have you ever made application to Seton Hall University?  No  Yes

If yes, please indicate: Program \_\_\_\_\_ Semester \_\_\_\_\_  Accepted  Rejected  Incomplete

Are you now attending or have you ever attended Seton Hall University?  No  Yes

If yes, please indicate: Semester(s) \_\_\_\_\_ Program \_\_\_\_\_

How did you learn about your intended area of study?

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## ADDITIONAL INFORMATION

# *Transcript Request*

Please forward an official copy of my academic transcript to:

Seton Hall University  
School of Graduate Medical Education  
Attn: Deborah Verderosa  
400 South Orange Avenue  
South Orange, NJ 07079

Name

\_\_\_\_\_

Last

First

M.I.

Address

\_\_\_\_\_

Number

Street

\_\_\_\_\_

City

State

Zip

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth

\_\_\_\_\_

Month

Day

Year

Thank you for your attention to my request. Please advise me of any fee for this service.

\_\_\_\_\_

Signature

Date



3. Complete the rating scale:

<b>Attribute</b>	<b>No Basis for Evaluation</b>	<b>Very Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
a. Character and personal integrity						
b. Emotional balance and maturity						
c. Poise and personal appearance						
d. Scholastic ability						
e. Ability to work with professional associates						
f. Success in working with children/youth/adults						
g. Demonstration or promise of professional growth						
h. Demonstration or promise of professional leadership						

Please feel free to use the space below to provide additional information and/or comments about this student that could be considered relevant to his/her admission to our program.