department of HEALTH CARE ADMINISTRATION

College of Health and Human Services
Application for Admission
Master of Science in Health Care Administration

Please type the following information and submit it to the Department of Health Care Administration.

This Application is for: FALL 2019

❒ Traditional Program HCA_MS01PB ❒ Accelerated Program HCA_MS01E1

Name:		
Last	First	Middle
Gender: ❑ Female ❑ Male	Birth date:	Email:
Other names that may appear on your record:		
US Citizen: ❑ Yes ❑ No (If no, what is your country of citizenship)		
Do you speak a foreign language? ❑ Yes ❑ No (If yes, which language?)		
Home Phone:	Work Phone:	
Address:		
Street City State Zip		
Current Employer:		
Position Title:		

Academic Experience

College or University	Degree Awarded/Major	Degree Date	GPA
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College or University	Degree Awarded/Major	Degree Date	GPA

Testing Information

Graduate Records Exam (GRE) Date Taken	Verbal Score	Quantitative Score	Written Score
Graduate Management Admission Test (GMAT) Date Taken	Verbal Score	Quantitative Score	Written Score
Test of English as a Foreign Language (TOEFL) Date Taken	Score Students educated in a foreign country must take the TOEFL		

Prerequisites Taken (should be ten years current or must be taken over or pass the CLEP exam)

CLEP Financial Accounting - https://clep.collegeboard.org/exam/financial-accounting

CLEP Microeconomics - https://clep.collegeboard.ord/exam/microeconomics

Microeconomics	
School where completed	Semester and year completed
Financial Accounting	
School where completed	Semester and year completed
Statistics	
School where completed	Semester and year completed

Health Care Work Experience

Job Title	Organization	Time (month/year started and ended)
Job Title	Organization	Time (month/year started and ended)
Job Title	Organization	Time (month/year started and ended)

The information below is used for accreditation requirements and not for admission

Ethnic identity. Please check one box only. Your response is voluntary and will not affect your admission.		
❑ American Indian or Alaskan Native	❑ Asian	❑ Other
❑ Black, non-Hispanic	❑ Pacific Islander	❑ Decline to state
❑ Chicano, Mexican-American	❑ White, non-Hispanic	
❑ Other Hispanic	❑ Filipino	
Do you belong to any of the following diverse groups? This information will be used to highlight the diversity of our students. (Mark all that apply)		
❑ Persons with disabilities	❑ Veteran	❑ Other
❑ LGBTQ	❑ Decline to State	

References

Include three letters of recommendation that show your academic or professional qualifications. Recommenders should use the *Letter of Reference* form. One letter of recommendation should be on letter head in addition to *Letter of Reference* form. The letters need to be in sealed envelopes**.**

Personal Statement

Include the following information in a typewritten statement of between one to two pages in length. Describe those experiences that have shaped your interest in health care. Outline your professional goals, immediate and long term. Discuss why you are interested in the graduate program, the strengths you bring with you and those areas in which you would like to increase your expertise and personal growth.

Resume

Include an up-to-date resume

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission. I also understand that this application, and all materials submitted in conjunction with it, are confidential and become the property of the Graduate Program, and will not be returned to the student or forwarded to any other party under any circumstances.

______________________________	______________
Applicant's Signature	Date

Be sure to retain a copy of the application for your personal records before submitting.

Submit the following to the Department of Health Care Administration:

Completed Application
Resume
Statement of Purpose
Three letters of recommendation
Test results (if required)

MAIL TO:

California State University, Long Beach
Department of Health Care Administration MS 4904
1250 Bellflower Blvd
Long Beach, CA 90840-4904