

TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES

Application for Admission

Last Name: _____ First Name: _____ Date: _____

Semester: Fall 20 ____ Spring 20 ____ Summer 20 ____

Location & Program:

BAY SHORE 1700 Union Boulevard, Bay Shore, NY 11706

- BS Health Sciences/DPT Physical Therapy** (Apply through PTCAS)
- BS Health Sciences/MS Physician Assistant Studies** (Apply through CASPA, unless late application)
- BS Health Sciences/MS Occupational Therapy**
- BA Psychology**
- BS Biology**
- BS Health Care Administration**
- Certificate in Orthopedic Physical Therapy Residency**
- Post-Professional DPT**
- Masters in Physician Assistant Studies - Advanced Placement Track**
Application limited to graduates of an accredited Bachelor's Degree program in Physician Assistant Studies

MANHATTAN 27 West 23rd St, 6th fl., New York, NY 10010

- AAS Occupational Therapy Assistant**
- BS Health Sciences/DPT Physical Therapy** (Apply through PTCAS)
- BS Health Sciences/MS Physician Assistant Studies**
- BS Health Sciences/MS Occupational Therapy**

MINEOLA Extension Ctr. at Winthrop Hospital, 288 Old Country Road, Mineola, NY 11501

- BS Health Sciences/MS Physician Assistant Studies** (Apply through CASPA, unless late application)

Mail to:

Office of Admissions

School of Health Sciences, Touro College,
1700 Union Boulevard,
Bay Shore, NY 11706

Phone: 866-TOURO4U
Email: enrollhealth@touro.edu
Web: www.touro.edu/shs/admissions

Touro College is an equal opportunity institution



Please answer all questions.

PERSONAL INFORMATION *(Type or neatly print)*

Name: _____
Title Last (family) First Middle

If transcripts, test scores, or other documents
are under another name, give name: _____

Date of Birth ____/____/____ Social Security Number _____ Gender Female Male
mm dd yyyy

Have you previously applied to Touro College? Yes No If yes: Year _____ Program _____

PERMANENT ADDRESS

Number and Street Apartment

City State Zip Country

Email Home Phone Cell Phone Business Phone

MAILING ADDRESS

(if different from above) Number and Street Apartment

City State Zip Country

CITIZENSHIP/RESIDENCY INFORMATION

- ▶ Are you a resident of New York State? Yes No If yes, since when? _____
- ▶ Country of citizenship _____ Country of birth _____
- ▶ Are you a U.S. permanent resident? Yes No If yes, Alien Registration # _____
- ▶ If you are a temporary resident, indicate visa type _____
- ▶ Will you be attending Touro College on a student visa (F-1)? Yes No
- ▶ Are you a U.S. veteran? Yes No

▶ Have you ever been convicted of a felony? (New York State professional licensure may be denied)

Yes No

If yes, please explain:

ACADEMIC BACKGROUND

▶ Secondary School: _____
Name City State

Year of Graduation: _____

You must have official high school transcripts sent.

▶ List all postsecondary institutions attended in chronological order. Include Touro College if applicable.

Institution and Campus/Location/State	Type of College <small>Grad / 4yr / 2yr</small>	No. of credits	Dates From/To	GPA	Major	Degree granted	Date expected
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

▶ Are you currently in school? Yes No Where? _____

▶ Do you have college credits? 0-60 60-90 90-120 Degree(s): _____

▶ Are you planning to take pre-requisite courses at Touro College? Yes No

▶ If you attended a foreign school, did you apply for evaluation of your credentials? Yes No

▶ Have you, since admission to college, been on probation, suspended or dismissed? Yes No

If yes, please explain: _____

▶ Provide details of any test scores:

Test	Date of Test	Score
SAT	_____	M _____ V _____ W _____
ACT	_____	Total _____
GRE	_____	Verbal _____ Quant. _____ Analytical Writing _____
TOEFL	_____	Total _____ Format: <input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Paper

▶ If some time elapsed since you last attended school, explain why and indicate how you spent the interval: _____

▶ Do you feel that your college grades are a true index of your ability: Yes No

If not, what were the factors that prevented your doing better? _____

► List honors, scholarships and organizations in which you have participated both in and out of school and offices held, if any:

► List the significant activities and organizations in which you have participated both in and out of school, and list any offices held: _____

► How did you find out about Touro College's School of Health Science programs?

- | | | |
|--|---|--|
| <input type="checkbox"/> Touro alumnus | <input type="checkbox"/> Program literature | <input type="checkbox"/> Touro website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other website |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Radio | <input type="checkbox"/> Other source, (please specify): _____ |

LETTERS OF RECOMMENDATION

Recommendations must be on letterhead.

	Name	Address	Telephone
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

SPECIAL DEMOGRAPHIC DATA

The information requested below is being collected from U.S. citizens and permanent residents to meet research and federal reporting requirements. It is confidential and will be released only as statistical summaries in which individuals are not identified. Response is voluntary. The information has no bearing on either admission or academic decisions.

(1) Are you Hispanic or Latino? Yes No

(2) Please choose one or more of the following groups to describe your race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

STATEMENT OF CERTIFICATION

I certify that all information supplied in this application is true and complete to the best of my knowledge. I understand that withholding or giving false information will make me ineligible for admission to Touro College. I also understand that the application and supporting documents are valid for one year, that the application fee may not be waived nor is it refundable, and that the application and supporting documents become the property of Touro College and cannot be returned.

Signature _____ Date _____

Touro College does not discriminate on the basis of race, sex, color, national origin, religion, marital status, age, sexual orientation, gender identity, veteran or military status, disability, genetic information, or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.