

**A.T. STILL UNIVERSITY**  
**ARIZONA SCHOOL OF HEALTH SCIENCES**

**ATSU**

**Masters of Science in Human Movement**  
*Graduate Application for Admission*

## HOW TO APPLY FOR ADMISSION

**Step 1** Complete the enclosed application and return with a non-refundable \$60 processing fee. The **Application Fee Payment Form** is located on page 7. Credit/debit card, check or money order made payable to “A.T. Still University” must accompany the application. Only U.S. currency will be accepted. The application, all supporting documents, and fee must be received by the application deadline.

Return the completed applications by facsimile or mail to:

Online Admissions  
A.T. Still University  
5845 East Still Circle, Suite 213  
Mesa, Arizona 85206-3618  
United States  
Fax: 480-393-0934

**Step 2** An official transcript from the college or university that granted your Bachelor’s degree or equivalent must be provided to the Online Admissions Office. Official transcripts from ANY other institution or institutions listed on your application must also be sent to the Online Admissions office at the time of application. Transcripts from additional post-professional or graduate coursework must also be received by Online Admissions in order to award any advanced credits.

**STEP 3** Foreign students whose native language is not English and/or graduated from a university where 100% of the instruction was NOT English must demonstrate proficiency by submitting scores of the Test of English as a Foreign Language (TOEFL), administered by the Education Testing Service (ETS). The TOEFL scores must be from the past two years. Any TOEFL exam older than two years must be retaken. Inquiries regarding TOEFL examination dates, locations, and registration should be directed to the Educational Testing Services at +1 609 921-9000, or you may visit the official test website at [www.toefl.org](http://www.toefl.org). Forward official test scores to the Online Admissions Office by indicating school code 6238. Student copies of the test scores are not considered official but may be used for the purpose of admission only. We must have an official copy on file before you are allowed to begin courses with ATSU. Please allow six weeks for this process.

**Step 3** On the last page of the application is the **Provisional Student Financial Plan**. This page is required for admissions into the program. Please mark all payment options you will be using to pay for your classes with ATSU. You must choose a primary form of payment on this form.

**Step 4** Submit a resume detailing your personal information, employment, educational background, volunteer experiences, honors, awards, and professional certifications. You may use the MS word resume wizard to create a resume if your resume is not up-to-date.

**Step 5** Technology Requirement Form is required for all students. This will outline the minimum requirements for the MSHM program. You must sign the form on page 10 and return with the other application materials. You will not be allowed to begin courses without this document. If you have questions, please contact your advisor.

**Step 6 ADP** – You are required to fill out and sign the Academic Degree Plan (ADP) for your program of study. This form will be sent to you via email directly from the MSHM program director with instructions on selecting a degree track and elective courses after you submit your application and other admissions paperwork. Follow the necessary instructions and respond to all communications promptly. This document will be used to register you in your courses and for billing purposes. No changes may be made to this document without the consent of the Director of the MSHM program.

**Step 7** In some cases, A.T. Still University may request letters of recommendation in support of your application for admission. **You will be notified if such letters are required.** If you have any questions, please contact your Online Enrollment counselor for ATSU Online at (U.S./toll-free) 877-469-2878, (Outside the U.S.) 480-219-6118, or by his/her personal email address.

**MSHM APPLICATION FOR ADMISSION**

**1. Proposed Graduate Program**

**A. Please indicate which quarter/year you are interested in starting the program:**

- Fall
- Spring Year \_\_\_\_

**B. Please indicate your area of concentration or certificate (must choose one)**

- Sports Conditioning    Sports Conditioning Certificate
- Geriatric Exercise Science    Geriatric Exercise Science Certificate

**2. Legal Name** \_\_\_\_\_

Last                                      First                                      Middle

Do you have educational materials under another name? If yes, please list name/names.

- Yes \_\_\_\_\_
- No

**3. Current Address**

\_\_\_\_\_

Street

\_\_\_\_\_

City                                      State                                      Zip

**4. Home Telephone** (\_\_\_\_) \_\_\_\_\_ **Work Telephone** (\_\_\_\_) \_\_\_\_\_ **Other Telephone** (\_\_\_\_) \_\_\_\_\_

**5. Social Security Number** \_\_\_\_\_ **6. E-Mail Address** \_\_\_\_\_

**7. Secondary Email Address:** \_\_\_\_\_ **8.\* Birth Date\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**9.. Gender\***  Male  Female

**10. Please give the following reference contacts:**

**10a. Provide contact information for present or former science faculty member, academic advisor, or employer**

\_\_\_\_\_

First                      Middle                      Last                      Degree

\_\_\_\_\_

Title                      Office Address                      (\_\_\_\_) \_\_\_\_\_

City                      State                      Zip Code                      Telephone

**I authorize the school to contact this reference:**

Applicant's signature                      Date

**10b.. Provide information for health care professional**

\_\_\_\_\_

First                      Middle                      Last                      Degree

\_\_\_\_\_

Title      Office Address                      (\_\_\_\_) \_\_\_\_\_

City                      State                      Zip Code                      Telephone

**I authorize the school to contact this reference:**

Applicant's signature                      Date

11. Have you ever applied to the Arizona School of Health Sciences?  Yes  No

If yes, year: \_\_\_\_\_ Program \_\_\_\_\_

12. Current Occupation \_\_\_\_\_

13. Have you had any U.S. military experience?  Yes  No If yes, branch:

\_\_\_\_\_

\*14. Date and type of discharge

\_\_\_\_\_

\*15. Were you ever the recipient of any action for unacceptable conduct violations (e.g., dismissal, suspension) from military service?  Yes  No

Please explain if answer

is "Yes" \_\_\_\_\_

\*16. Have you ever voluntarily withdrawn from a health professions program?  Yes  No

\*17. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  Yes  No

#### STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

18. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.

Yes \_\_\_\_\_

No

19. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.

Yes \_\_\_\_\_

No

20. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.

Yes \_\_\_\_\_

No

21. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.

Yes \_\_\_\_\_

No

22. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.

Yes \_\_\_\_\_

No

**DEMOGRAPHIC INFORMATION**

23. **Are you a U.S. Citizen?**  Yes  No  
a. **If No, what is your residency status?**  Temporary  Permanent  N/A  
b. **If No, what is your visa type and number?**

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c. **If No, what is your country of birth?**

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24a. **Designate Your Ethnicity (Optional):**

Hispanic or Latino Yes \_\_\_ No \_\_\_

24b. **Indicate one or more Races of the following that apply (Optional):**

American Indian or Alaska Native \_\_\_  
Asian \_\_\_  
Black or African American \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_  
White \_\_\_

**\* The Arizona School of Health Sciences, a School of the A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.**

All students are required to demonstrate proficiency in English when applying to the Arizona School of Health Sciences, A.T Still University.

Written and spoken proficiency in the English language may be demonstrated by one of the following options Please mark the appropriate section for the option by which you will demonstrate this.

**Option 1**

English is my primary spoken language

**Option 2**

I have successfully completed one of the following from a university located in the United States or in another country in which English is the spoken language and the medium of instruction

- A minimum of two years of full-time higher education study  
 A Bachelor's degree or higher degree.

**Option 3**

I am demonstrating my English proficiency by submitting acceptable scores on the Test of English as a Foreign Language (TOEFL).

Acceptable minimal scores for ASHS applicants are:

Paper based = 550

Computer based = 213

Internet based = 80.

Please be sure to include your TOEFL report when you submit your application

**Schools/Colleges Attended**

A. Transcript requirement. An official transcript from the college or university that granted your Bachelors degree or equivalent must be provided. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above under separate cover. You may look up your College Code(s) on the following website: <http://www.fafsa.ed.gov/fotw0607/fslookup.htm>

B. List all Undergraduate Institutions attended. List all such institutions in order of your attendance.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. List all Graduate or Professional Schools attended. List all institutions in order of your attendance.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. List all Certificates of relevancy to your application. List all in order of completion

Certificate Earned	Location/State	Date of Completion	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available on the web.

\_\_\_\_\_  
 Signature of Applicant                      Date

**NOTICE OF NONDISCRIMINATION** : Arizona School of Health Sciences, a School of A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Arizona School of Health Sciences compliance with the regulations implementing Title VI, Title IX, Section 504, or Section 503 is directed to contact the Director of Human Resources, Donna Brown, 800 West Jefferson Street, Kirksville, MO 63501 (telephone: 660-626-2790). The Director of Human Resources has been designated by A. T. Still University to coordinate the institution's efforts to comply with the regulations implementing Title V I , Title IX, Section 504, or Section 503. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations **implementing Title VI, Title IX, Section 504 or Section 503.**



Student  
Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Military Status (If Any): \_\_\_\_\_

Your responses on this form will be provided to the A. T. Still University Office of Financial Assistance and will assist us in responding properly to your ongoing financial assistance requirements. If you have questions regarding specific Financial Assistance topics, you may contact the Office of Financial Assistance at (toll-free) 866-626-2878 Ex. 2529 or [financialaid@atsu.edu](mailto:financialaid@atsu.edu) or may fax materials to 660-626-2926.

### **ANTICIPATED FINANCIAL ARRANGEMENTS**

Circle one or more planned payment methods.

All responses are subject to eligibility, application, and satisfaction of all requirements.

Personal Funding: Primary Secondary

Federal Financial Aid: Primary Secondary

Military Tuition Assistance Primary Secondary

Corporate Tuition Reimbursement Primary Secondary

Corporate Direct Bill Primary Secondary

Other \_\_\_\_\_ Primary Secondary

### **FEDERAL FINANCIAL AID APPLICATION STATUS**

Circle appropriate requests.

Please indicate the status of your application for Federal Financial Aid, if any.

Intend to Utilize Federal Financial Aid: Yes No Undecided

FAFSA PIN Application Complete: Yes No

FAFSA Complete: Yes No

FAFSA Released to A.T. Still University: Yes No

**Masters of Science in Human Movement  
Technology Requirement Form**

**Windows-based computer:**

- Pentium IV or better
- 1GB of RAM-2GB Preferred
- 80GB hard disk
- CD-R/DVD combo drive
- Ethernet adapter
- 802.11b/g compatible wireless network card
- XP Pro or Vista (2GB RAM required for Vista)
- Office 2007 (Word, PowerPoint, Excel)
- Microsoft Internet Explorer 7
- High Speed Internet access via personal Internet Service Provider (ISP )
- Personal printer
- Webcam

**Macintosh-based computer**

- G4 PPC (700Mhz or greater), any G5 PPC, or any Intel-based.
- 2GB of RAM
- 80GB hard disk
- CD-R/DVD combo drive
- Ethernet adapter
- 802.11b/g compatible wireless network card
- OS X (10.4 or greater)
- Office 2008 for Mac preferred
- Safari (1.3 or greater) or Firefox (1.5 or greater)
- High Speed Internet access via personal Internet Service Provider (ISP )
- Personal printer
- Webcam

I understand I am responsible for providing a computer, which meets the specifications above, prior to enrollment.

**Program** MSHM

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

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

**Date** \_\_\_\_\_