

**GENERAL INFORMATION**

First Name [Preferred Name] Middle Last

Single  Married

Expected enrollment date:  
Spring \_\_\_\_\_

Maiden name if married \_\_\_\_\_

Home Phone Birth Date Social Security Number

Have you ever attended Rockhurst?

Home Address City State Zip

Yes  No

Current mailing address, if different from above (for admission correspondence) E-mail address

If so, last date you attended: \_\_\_\_\_

Male  Female

Religion (optional) Ethnic Origin (optional)

Citizenship If not a U.S. citizen, a permanent resident?  Yes  No

If not a permanent resident, what type of visa do you hold?

Have you ever been:

- Dismissed from any school?  Yes  No.
- Convicted of a felony?  Yes  No.
- Other than honorably discharged from any branch of the U.S. Military?  Yes  No.

If you answered "yes" to any of these questions, please provide a full explanation on a separate sheet and attach it to the application. If you answered "yes" to any of the above questions, this is not an absolute bar to admission at Rockhurst University.

**COLLEGES ATTENDED**

Please list all colleges and universities attended, beginning with the most recent. Please note that an official transcript must be submitted for each institution.

School Name	Location	Dates Attended	Major	Degree Received
		/ / to / /		
		/ / to / /		
		/ / to / /		
		/ / to / /		

Have you taken the GMAT?  Yes (Score \_\_\_\_\_)  No. Have you taken the MCAT?  Yes (Score \_\_\_\_\_)

**EMPLOYMENT**

Employer Name	Work Phone #	Company Address	Position/Title	Dates of Employment
				/ / to / /
				/ / to / /
				/ / to / /

**MILITARY OBLIGATIONS**

Do you have a potential need to fulfill military obligations during the summer months? Yes  No  If yes, what branch of service? \_\_\_\_\_



**SURVEY INFORMATION**

What attracted you to the Rockhurst Health Care Leadership MBA Program?

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**1. KCUMB students may hand-deliver or mail this MBA application and a signed Authorization for Release of Education Records & Information form to the KCUMB Director of Admissions.**

Deliver to: Room 247, KCUMB Administration Building [(816) 283-2339 ]

Mail to: Director of Admissions  
 Kansas City University of  
 Medicine and Biosciences  
 1750 Independence Avenue  
 Kansas City, MO 64106-1453

**2. Official transcripts for all undergraduate and graduate work should be sent directly from your school to the address below.**

Rockhurst University  
 Helzberg School of Management  
 Health Care Leadership Office  
 Conway Hall, Suite 201-A  
 1100 Rockhurst Road  
 Kansas City, MO 64100-2561

I understand that giving false information on the application will make me ineligible for admission to, or continuation in, Rockhurst’s MBA in Health Care Leadership program. With this in mind, I certify that the information given in this application is complete and accurate. (Please check all statements before signing.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANTI-DISCRIMINATION STATEMENT**

No person acting within his or her authority and responsibility at Rockhurst University shall discriminate on the basis of race, creed, gender, sexual orientation, ethnicity, national origin, disability, veteran’s status or age.

**DIRECT QUESTIONS TO**

**Health Care Leadership, Helzberg School of Management**  
**Rockhurst University, 1100 Rockhurst Road, Kansas City, MO 64110-2561**  
**Hours: 8 a.m. to 4:30 p.m. Monday – Friday**  
**Phone: (816) 501-4HCL, Fax: (816) 501-4650**  
**Email: hcl@rockhurst.edu**