

GENERAL INFORMATION

First Name [Preferred Name] _____ Middle _____ Last _____

Male Female _____ Single Married _____

Religion (optional) _____ Maiden name if married _____

Expected enrollment date: _____
 Spring 20 _____

Phone _____ Birth Date _____ Social Security Number _____

Have you ever attended Rockhurst? _____

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: _____

Do you consider yourself to be Hispanic/Latino? Yes No

Select one or more of the following racial categories to describe yourself: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

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 / /		

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 MBA in Healthcare Leadership program?

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: Student Affairs – Third Floor
Administration Building
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
HSOM – HCL – C201A
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, the Rockhurst MBA in Healthcare 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**