



College of Health and Human Services
College of Osteopathic Medicine

GENERAL APPLICATION FOR ADMISSION

ACADEMIC PROGRAM OF INTEREST:

PLEASE CHECK THE PROGRAM FOR WHICH YOU ARE APPLYING:

DEGREE PROGRAMS: _____

- ___ Doctor of Osteopathic Medicine (DO)
___ Masters of Health Sciences
___ Master of Physician Assistant Studies
___ Master of Science in Occupational Therapy
___ Master of Education
___ Curriculum and Instruction ___ Language and Literacy ___ School Administration
___ Special Education ___ Secondary Education
___ Master of Science in Camp Administration
___ Doctor of Nursing Practice (DNP)
___ Master of Science in Nursing (MSN)
___ Bachelor of Science in Nursing (BSN)
___ RN-BSN
___ Doctor of Physical Therapy Licensed Physical Therapist? ___ Y ___ N
___ Master of Medical Health Sciences

ENDORSEMENTS/CERTIFICATES (requires NV teaching license)

- ___ Advanced Studies Certificate
___ Autism Endorsement
___ Teaching English as a Second Language Endorsement

PLEASE INDICATE THE TERM AND YEAR FOR WHICH YOU ARE APPLYING

___ Summer ___ Fall ___ Spring ___ Year

Are you a continuing/returning student? ___ Yes ___ No

If yes, when did you last attend Touro? _____ (semester/year)

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
(Optional) (Used for statistical Purposes Only)

Telephone: (____) ____-____ Phone #2: (____) ____-____ E-Mail Address _____

Select one of the following: _____M _____F

Are you Hispanic or Latino? Yes/No

Select one or more of the following:

- _____ American Indian/Alaska Native _____ Black or African American
- _____ Asian _____ Native Hawaiian or Other Pacific Islander
- _____ White _____ Other

Permanent Address: _____

City, State, Zip: _____

Current Mailing Address: _____

City, State, Zip: _____

Emergency Contact:			
	Name	Address	City, State, Zip Code

Phone Number(s) for Emergency Contact: _____

Relationship: _____

Circle One:

U.S. Citizen Permanent Resident Non Resident

If you are a U.S. Citizen: State of Legal Residence _____

If you are not a U.S. Citizen: Visa Type: _____
Country of Citizenship: _____

Have you ever been convicted of a felony ____ Yes ____ No Misdemeanor? ____ Yes ____ No
Note: Background check required for admissions.

Have you ever served in the U.S. Military? ____ Yes ____ No

If yes: _____
Military Branch Dates of Service

Were you honorably discharged? ____ Yes ____ No

****International Students: TOEFL (required for international students)**

Month/Year	Score

HEALTH-RELATED EMPLOYMENT INFORMATION:

Work Experience: (Please list the current/most recent employer first. Use separate sheets of paper as needed.)

Health-related Employer	Employed from	Employed to	Position held	Responsibilities

Volunteer Experience: (Please list the current/most recent experience first.)

Organization name	Volunteered from	Volunteered to	Responsibilities

REFERENCES:

Below, please complete the requested information for two (2) individuals who are familiar with your academic or professional experience and have been asked to submit a letter of reference or reference form.

Last Name	First Name	Initial
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Company/Organization	Title
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Telephone Number	E-Mail Address
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Last Name	First Name	Initial
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Company/Organization	Title
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Telephone Number	E-Mail Address
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I certify that to the best of my knowledge, the information submitted herein is true and correct. Furthermore, the presenting of false statements or the intentional withholding of information may constitute grounds for denial of admission and/or dismissal from the University.

I have read and understand the above statement: ___ Yes ___ No

Signature of Applicant: _____ Date: _____

ENROLLMENT AGREEMENT/CONTRACT

First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip _____
Telephone Number _____		
Degree Enrolled For _____		
Academic Program _____		
Catalog Effective Date _____	July 1, 2011 _____	

I understand this document confirms my enrollment and that I have received a copy of the catalog. I also understand that the catalog is part of this agreement/contract and that the curriculum may undergo revisions during my time of enrollment.

*Student's Signature*_____
*Date*_____
*Signature of Director, Admissions or Designee*_____
Date



Touro University Nevada

STUDENT DIRECTORY INFORMATION AUTHORIZATION FORM

Full Name (Please Print): _____

Date of Birth: _____ Academic Program: _____

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION TO PARENTS OR SPOUSE

In accordance with FERPA, Touro University Nevada will disclose to parents or spouse information from the academic records of a student provided the University has on file written consent from the student. Please check only if you consent to release information to your parent(s) or spouse.

Consent to release Information

Full name of Parent(s) or Spouse: _____

Student Signature: _____ Date: _____

AUTHORIZATION TO WITHHOLD DIRECTORY INFORMATION

The following is considered "Directory Information" at Touro University and may be made available to the general public unless the student notifies the Office of the Registrar in writing within 4 days from the beginning of the semester.

Student's name, address, e-mail address, telephone listing, place of birth, college, major, honors, awards, photo, classification, dates of enrollment status, degrees conferred, dates of conferral, and graduation distinctions.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 you have the right to withhold disclosure of such Directory Information. Touro University will honor your request to withhold Directory Information. Please consider carefully the consequences of any decision to withhold such Directory Information. Should you decide to inform Touro University not to release any of this information; any request for such information from Touro University will be refused.

This signed request must be received in the Office of Registrar. This authorization is valid until a written request to rescind is received by the Office of the Registrar. **Please note** - if we have not received a request to rescind this hold at the time of your graduation, your name will not appear in the commencement program. It is your responsibility to remove the hold at that time.

Decline to release Information (FERPA Block)

Student Signature: _____ Date: _____

Application Fee

The Office of the Bursar is committed to guarding students from unlawful acts of identity theft. We take the privacy rights of our students very seriously including the protection of personal credit card and banking account information.

The supplemental application fee is \$50.00 and is non-refundable.

Touro University Nevada accepts all major credit cards. There is no additional fee to pay by credit card. The application fee can be paid online at

<http://www1.touro.edu/ecom/index.php?caller=NVApplicationFees>.

After the payment has been successfully processed online, you will receive a confirmation number and a receipt for your records.

The application fee can also be paid by check or money order made payable to Touro University Nevada.

If you need assistance making your payment online, please contact the Bursar at 702.777.3075 or via email at bursar@tun.touro.edu. Office hours are Monday thru Thursday, 7:30am to 4:30pm and Friday, 8am to 3pm.