

Student ID (Office Use Only)

Please type or print.

**SECTION 1**

Date Birthdate (M/D/Y) SS# XXX-XX-  Male  
 Female

Last Name First Middle Former Name(s)

Mailing address Address City State Zip Home phone ( )  
Work phone ( )  
Cell phone ( )

Permanent address (if different) Address Phone ( ) City State Zip E-mail

Please attach photograph here.  
(Required for international students, optional for others)

Emergency contact: Name Address Daytime phone Relationship

CERTIFICATE/NON-DEGREE PROGRAMS

I am applying for (Check one program only.)

- Certificate in Holistic Landscape Design  Didactic Program in Dietetics  
 Chinese Herbal Medicine Certificate  Dietetic Internship

For Office Use Only

Have you previously applied to Bastyr University?  Yes  No  
If Yes Year: Program  
Are you currently enrolled  Yes  No (If yes, move to Section 3. If no, continue to Section 2.)

**SECTION 2**

U.S. Citizen  Yes  No Perm resident # A-  
Birthplace Visa type  
Country of Citizenship

Ethnic origin (optional)

- American Indian/Alaskan Native  Black/African American  White/Caucasian  
 Asian American /Pacific Islander  Hispanic  Other

List all universities and colleges in order of attendance. If still enrolled, indicate leaving date. (If more than six, please attach separate sheet.)

Institution/City/State	Dates Attended mo/yr to mo/yr	Degrees earned	Major	Year
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____
_____	_____ from _____ to _____	_____	_____	_____

How do you plan to finance your education (*List amounts or percentages.*)

- Financial aid programs \_\_\_\_\_
- Family \_\_\_\_\_
- Savings \_\_\_\_\_
- Work \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Do you plan to apply for financial aid?  Yes  No

What are the different ways you heard about Bastyr University? (*Check all that apply.*)

- Bastyr University website
- friend
- health care provider
- workshop/event
- direct mail/flyer
- newspaper insert
- ad specify publication(s) \_\_\_\_\_
- other website please specify \_\_\_\_\_
- other \_\_\_\_\_

Please list other programs/colleges/universities to which you are applying:

**SECTION 3**

List three persons who will be sending letters of recommendation.

Name	Occupation/Relationship
Name	Occupation/Relationship
*Name	Occupation/Relationship

If you have consulted a member of the Bastyr University staff or faculty regarding your admission, please list contact names here:

Have you ever been licensed as a health care provider?  Yes  No If yes, please describe:

Have you ever had a health care license revoked?  Yes  No If yes, please attach explanation on separate sheet.

Have you ever had any malpractice actions filed against you?  Yes  No If yes, please attach explanation on separate sheet.

Have you ever been convicted of a felony?  Yes  No If yes, please attach explanation on separate sheet.

My official transcripts and letters of recommendation are being forwarded directly to the DICAS. I certify that the information in this application is complete and correct to the best of my knowledge. I have enclosed my non-refundable application fee. I am aware that deliberate falsification of any admissions information or documents is grounds for rejection or dismissal from Bastyr University.

Signature

Date

Bastyr University is an equal opportunity institution. We do not discriminate in matters of employment or participation in programs, services or benefits on the basis of gender, race, creed, color, religion, national origin, age, sexual orientation, gender identification, individuals with disabilities or veterans' status. Our programs, services and facilities are accessible to individuals with disabilities. Please contact the University in advance if you require special accommodation due to a disability.

**Mail materials to:**

Bastyr University  
Admissions Office  
14500 Juanita Drive NE  
Kenmore, WA 98028-4966