

14500 Juanita Drive NE
Kenmore, Washington 98028-4966
Tel. (425) 602-3330
Fax (425) 602-3090
www.bastyr.edu

Student ID (Office Use Only)

Please type or print.

Date	Birthdate (M/D/Y)	SS# (Last 4 digits)	<input type="checkbox"/> Male
		XXX-XX-	<input type="checkbox"/> Female

SECTION 1

Last Name	First	Middle	Former Name(s)
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Mailing address
Address

City State Zip

Home 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

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.)

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SECTION 2

U.S. Citizen Yes No Perm resident # A-

Birthplace Visa type

Country of Citizenship

Ethnic origin (optional)

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian American /Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

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

- Loans _____ Family _____ Savings _____ Work _____
- Other (specify) _____

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

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.

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