Nova Southeastern University
Health Professions Division
College of Optometry
Clinical Vision Research Programs

Application for Admission

3200 South University Drive
Fort Lauderdale, Florida 33328
(954) 262-1101
(800) 356-0026, Ext. 1101
http://www.nova.edu

For Office Use Only: Application sent _____ Application Received _____

Thank you for your interest in the College of Optometry. The College of Optometry offers Clinical Vision Research Programs leading to a Master's Degree in Clinical Vision Research and a Graduate Certificate in Clinical Vision Research. The College selects students based on the candidate's application content, academic performance, and a letter of evaluation. If the applicant does not have a post-baccalaureate professional degree, test scores will also be considered in the selection process.

Please read the following information and fill out the application form completely.

- ❏ A non-refundable application fee of $75 must accompany this application. Check or money order should be made payable to Nova Southeastern University College of Optometry. Please include your name and social security number on your check or money order.
- ❏ Remember to sign the application form.
- ❏ The Office of Admissions works on a rolling admissions basis. Applications may be accepted for the spring semester. Applicants must submit all applications and supporting documents no later than six weeks prior to the beginning of the term. The deadline for receiving the application and all supporting documents is March 15 for the spring term, beginning in April. Applicants will be granted priority for admission to the program based upon the date that all documents are received.
- ❏ The Committee on Admissions will not consider an application until Nova Southeastern University has received all credentials, fees, and test scores. All data submitted in support of this application becomes the property of the University and cannot be returned.
- ❏ Mail the completed application form and fee to the Office of Admissions at the address below. **All correspondence must be addressed and forwarded to the following address in its entirety.**

Nova Southeastern University
Attention: Optometry Admissions
3200 South University Drive
Fort Lauderdale, FL 33328

TO COMPLETE YOUR APPLICATION, YOU MUST ARRANGE TO HAVE THE FOLLOWING DOCUMENTS SENT FROM THE INSTITUTION OR SERVICE ISSUING THEM:

- ❏ One official copy of your academic transcript sent directly from each college or university that you have attended. Transcripts must be "official." The school seal must be imprinted or embossed on the transcript and should be forwarded in a sealed envelope directly from the institution in order to be considered an official transcript. Photocopies and facsimiles will not be accepted. A transcript is required for each college or university even though transfer credit from one college may appear on another college's transcript.
- ❏ Official Optometry Admission Test Scores (OAT), Medical College Admission Test (MCAT) scores, or Graduate Record Examination (GRE) scores if applicant does not have a post-baccalaureate professional degree.
- ❏ Applicants from countries in which English is not the official language are required to submit the computer version of the Test of English as a Foreign Language (TOEFL) scores.
- ❏ One letter of evaluation from an individual such as an academic instructor, professor, optometrist, other health professional, or employer.

Nova Southeastern University admits students of any race, color, sex, age, nondisqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

It is your responsibility to inform the University of any changes in address or telephone number.

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Applying for Entering Class _____
(Year)

PLEASE CHECK

Master Degree Program ( ) Graduate Certificate Program ( ) Non-Degree Seeking Student ( )

1. Name _____
Last First Middle

2. SS # _____

3. Do you have educational materials under another name? Yes ☐ No ☐

If yes, indicate name _____ 4. E-mail Address _____

5. Preferred Mailing Address_____
Number and Street City

_____Telephone ( )_____
County State Zip Code Area Code Number

6. Permanent and/or Legal Address_____
Number and Street City

_____Telephone ( )_____
County State Zip Code Area Code Number

*7. Citizenship _____ *8. Sex: Male ☐ Female ☐

*9. Birth Date _____ *10. Birth Place _____
Month Day Year City State County Country

*11. If you are a foreign national and do not possess a resident alien card, please indicate your visa status. _____
You may contact the International Student Advisor at (954) 262-7240 for assistance.

*12. How do you describe yourself?

A. ☐ American Indian or Alaskan Native

B. ☐ Asian or Pacific Islander

C. ☐ Black (Non-Hispanic)

D. ☐ White (Non-Hispanic)

E. ☐ Hispanic

F. ☐ Other _____

If Hispanic (choose only one)

☐ Mexican American or Chicano

☐ Puerto Rican (Mainland)

☐ Puerto Rican (Commonwealth)

☐ Other _____

13. Family Information

Father	**Mother**	**Guardian or Spouse**
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone ( ) _____	Telephone ( ) _____	Telephone ( ) _____
		Relationship _____

*Optional, for statistical purposes only.

14. Education

A. List all undergraduate colleges attended (list in chronological order). One official transcript from each should be submitted at the time of application.

Institution	Campus/Location/State	Dates	Summer Only	Major or Profession	Degree Earned

B. List all graduate or professional schools attended

Institution	Campus/Location/State	Dates	Summer Only	Major or Profession	Degree Earned

C. List below the college courses in which you are presently enrolled and those you plan to complete prior to matriculation into the program. If you change the projected courses, be certain to inform us. Use an additional sheet of paper if necessary. A final transcript must be submitted when this coursework is complete.

Dept. and Course #	Course Title	Name of School	Term taken/to be taken

15. Indicate the date(s) you took or plan to take the OAT, MCAT, or GRE. Indicate scores if you know them.

_____

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16. List in chronological order, beginning with your current position, your title or job description and dates of employment. If significant time has elapsed since you were enrolled in school, please indicate how you have spent that time.

_____

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17. Have you ever served in the Armed Forces? Yes ☐ No ☐ If yes, complete the following:

Branch of Service _____ Rank _____ Entry Date _____ Date & Type of Discharge_____

Reserve status _____ Are you eligible for veterans' benefits?_____

If so, under what law?_____

_____

_____

_____

18. Were you ever required to leave any college or denied readmission because of conduct or academic deficiencies? Yes ☐ No ☐ If yes, explain.

_____

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19. Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense where you have been found guilty by a judge or jury, or entered a plea of *nolo contendere* (no contest); any juvenile offenses; any offenses where the records have been expunged and any conviction that the applicant is currently appealing, regardless of adjudication? Yes ☐ No ☐ If yes, please explain.

_____

_____

_____

_____

This disclosure is a continuing duty. All applicants must report to the College of Optometry any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and the College of Optometry will consider new information submitted and, in appropriate circumstances, may change the status of applicant or student.

20. Describe any special circumstances which you feel might aid the Committee on Admissions in evaluating your application.

_____

_____

_____

_____

21. Write a brief statement describing your interest in the Clinical Vision Research Programs and your intended area(s) of clinical research.

22. Have you ever made a previous application to the Health Professions Division at Nova Southeastern University? If so, when and what program? _____

23. How did you first hear of NSU's Clinical Vision Research Programs?

☐ E-mail

☐ Web page

☐ Optometrist

☐ Other healthcare provider

☐ Friend/relative in program

☐ Professional association Indicate which: _____

☐ Other: _____

I have read and understood the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge. False and/or omitted information will invalidate this application and could result in rejection of the applicant or dismissal from the University if the applicant has already been admitted. Permission is hereby given to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I agree that this information may be used by Nova Southeastern University for research and development purposes aimed at improving optometric education and admissions programs.

_____ _____

Date Signature of applicant