

**Application for Admission**  
**Department of Health Care Administration**  
**Idaho State University**

Full Name: \_\_\_\_\_ ISU Bengal Card number: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current ISU GPA: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Ethnicity: \_\_\_\_\_ Resident State: \_\_\_\_\_

Colleges or universities attended:

| College/University | Location | Major | Dates Attended | Degree Awarded |
|--------------------|----------|-------|----------------|----------------|
|                    |          |       |                |                |
|                    |          |       |                |                |
|                    |          |       |                |                |

Professional organizations, community service, activities, honors, or awards since High School graduation: \_\_\_\_\_

\_\_\_\_\_

Each applicant must attach:

- 1) Personal statement : On an additional sheet of paper, present a statement of your educational aims, chosen career, plans for accomplishment, and any other information you consider to be pertinent
- 2) Current copy of ISU transcript

All the information I submit for admission is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please refer to the online HTML ISU Undergraduate Catalog for HCA admission criteria.