

SUNY Upstate Medical University

College of Health Professions

An Upper-Division Transfer and Graduate College



Supplemental Application

BS, BPS, MS Programs

- Cardiovascular Perfusion
- Medical Imaging Sciences
- Medical Biotechnology
- Medical Technology
- Radiation Therapy
- Respiratory Therapy

Applicants to our **Nursing** programs or to the graduate-level **Physical Therapy** or **Master of Public Health** programs may apply on line or download an application from the Office of Student Admissions website at www.upstate.edu/students

Syracuse, New York
www.upstate.edu/chp

College of Health Professions

This booklet contains the information and forms needed to apply to the bachelor's and master's programs offered by the College of Health Professions at SUNY Upstate Medical University. SUNY Upstate is an upper-division transfer college. Students come here for their junior and senior years of college and enter our programs with a minimum of 60 college credits. The programs are:

- Cardiovascular Perfusion, BS
- Medical Imaging Sciences, BS, BPS
- Medical Biotechnology, BS
- Medical Technology, BS
- Radiation Therapy, BS, BPS
- Respiratory Therapy, BS
- Medical Technology, MS
- **Physical Therapy , DPT**
(see next column, Graduate Program in Physical Therapy)

The Admissions Committee considers as much information as possible when selecting students for the college. That information includes: completion of admissions requirements, academic performance in courses required for

admission, overall academic performance, letters of recommendation, character, communication skills, motivation for a career in health care, volunteer work or observational experience in the chosen field, and personal interview.

Since applications are reviewed on a comparative basis, selection also will be influenced by the date your application is completed, the size of the program you apply for, and the number of applications received.

Soon after our review of your application, we will notify you of your status. It is your responsibility to confirm that you have a completed application on file in the Office of Student Admissions.

Graduate Program in Physical Therapy

Applicants to the Doctor of Physical Therapy program may download an application or apply on line at our website www.upstate.edu/chp. The DPT deadline is Feb. 1.

Application Deadlines

- **Cardiovascular Perfusion**
— rolling admissions until March 15
- **All other programs** —
Medical Imaging Sciences, Medical Biotechnology, Medical Technology, Radiation Therapy, and Respiratory Therapy — accept applications throughout the year and fill classes on a rolling admissions basis.

You may apply to any College of Health Professions program as early as August 1, one year prior to entry. Review of applications generally begins in October. Admissions decisions are made as applications are completed, so you are encouraged to complete and submit your application as soon as possible. Most entering classes are filled by early spring. However, some applicants are placed on an alternate list for possible admission at a later date.



State University of New York

Upstate Medical University

OFFICE OF UNDERGRADUATE STUDENT ADMISSIONS

1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210
Phone: 315-464-4570 or toll free 800-736-2171

www.upstate.edu/chp

Key:

BS Bachelor of Science Degree

BPS Bachelor of Professional Studies Degree

(a baccalaureate degree for students entering with an associate's degree in medical imaging or medical radiography or who have an AAS degree and are registry-eligible medical radiographers.)

MS Master of Science Degree

DPT Doctor of Physical Therapy

Applying to the College: Undergraduate Programs

How To Apply

Each undergraduate applicant must complete the following six documents and submit five of them to the Office of Undergraduate Student Admissions, 1215 Weiskotten Hall, SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, NY 13210. The State University of New York Application Form (see below) should be mailed to the SUNY Processing Center in Albany.

1 College of Health Professions Supplemental Application Form

This form is on pages 5 – 8.

2 High School Transcripts

You must submit official high school transcripts or GED test scores. Applicants who completed high school more than 15 years ago are not required to submit high school transcripts unless requested by the Admissions Committee.

3 College Transcripts

Official transcripts from ALL colleges previously attended must be submitted to the Office of Undergraduate Student Admissions.

4 Test Scores

If you have taken the PSAT, SAT or ACT, you are encouraged to submit the scores with your high school transcript. TOEFL scores are required for international applicants.

GRE scores are required for the MS in Medical Technology.

5 Two Letters of Recommendation

These forms are on pages 9 – 12.

One letter of recommendation should come from a college professor, preferably in science, who can comment on your academic ability. A second letter should come from an academic advisor, an employer or a health professional who supervised or worked with you.

6 State University of New York Application Form

Instructions on how to apply to SUNY on line will automatically be sent to you when we receive your application to the College of Health Professions. The application is also available at any New York state high school or SUNY campus. That application form, and a check for \$40, should be completed and mailed to the SUNY Application Processing Center in Albany. The address is on the application.

- **Early Admission/GOLD applicants are not required to submit the SUNY Application Form at this time.**
- MS Medical Technology students are not required to submit the SUNY application form, but must submit a \$40 application fee with the application found in this booklet.

Reapplicants

To reapply to the College of Health Professions, you must submit a new Supplemental Application indicating the year of your previous application. You must also submit at least one new letter of recommendation, official college transcripts for any course work completed since your previous application, and a new SUNY application. (SUNY application is not required for Early Admission or MS students.) Questions regarding your reapplication should be directed to the Office of Student Admissions. Applications are kept on file for three years. If you reapply after three years, all documents must be resubmitted.

International Students

In addition to the materials required of all applicants (see How To Apply at left), international students whose first language is not English must submit the Test of English as a Foreign Language (TOEFL) score report. International students who have completed all or part of their education abroad are required to have a course-by-course educational credential evaluation completed by an approved agency prior to the application deadline. The Office of Student Affairs 315-464-4816 assists students in obtaining the necessary VISA documents to study at Upstate.

Special Admissions Programs

In an attempt to accommodate the needs of our students and to help our students succeed, the College of Health Professions offers the following special admissions programs.

Adult Learners

Applications from adults with bachelor's or other degrees are welcome. Whether you are interested in one of our programs as a first career or career change, please contact the Office of Student Admissions for a preadmission advisement session at 315-464-4570.

Extended Curriculum

The extended curriculum lengthens the normal program curriculum by one year, giving students more time for academic courses, part-time work and families. An extended curriculum is available in the Medical Technology, Medical Biotechnology and Respiratory Therapy programs only. Students interested in this option should indicate Extended Curriculum on their application forms. The Admissions Committee will consider this request on a space available basis.

Early Admission Program for High School Seniors and College Freshmen

The Early Admission/GOLD Program is an early admissions program for high school seniors or college freshmen with a demonstrated commitment to careers in the health professions and strong records of achievement in math and science. Early Admission guarantees these students admission to health profession programs after they complete two years of college course work elsewhere.

To qualify for consideration under the Early Admission/GOLD Program, students must:

- Present a strong overall record of achievement in college preparatory course work, which must include at least three years of mathematics and at least three years of science (including biology and chemistry or physics) at the Regents or Honors level.
- Demonstrate a commitment to pursuing a career in the health professions by volunteer/observational experience in your profession of choice or participation in a Health Explorers Post or New Visions program.
- Submit all required paperwork by March 15.

For more information about the Early Admission/GOLD Program, request a brochure from the Office of Student Admissions at 315-464-4570 or 800-736-2171. To apply to this program, check the appropriate box in the upper right corner of the application form.

Accepted students must successfully complete all prerequisite courses for their program while maintaining the required cumulative grade point average and continuing their volunteer, observational or research experiences.

Accepted students will be guaranteed admittance at the junior level for their third year of college. Conditions of acceptance will be outlined in their acceptance letters.

Information on Early Admission to the Doctor of Physical Therapy program can be found at our website: www.upstate.edu/pt

Educational Opportunity Program (EOP)

EOP is an academic and financial support program for capable students who, because of limited financial resources and inadequate academic preparation, have been unable to realize their academic potential. Only New York state residents who are both academ-

ically and economically disadvantaged can qualify for EOP status.

To check eligibility, visit www.suny.edu/student/academiceop/cfm

Supplemental Application



EARLY ADMISSION

High School Senior Yes No

College Freshman Yes No

For the Class Entering _____ **Reapplication from** _____
Year Year

Check below the program to which you are applying. If you are applying to more than one program, indicate your first choice with #1, and second choice with #2.

- Cardiovascular Perfusion (BS)
- Medical Imaging Sciences (BS)
CT, MRI or Radiography tracts will be assigned following the fall semester.
- Medical Imaging Sciences (BS)
 Sonography

- Medical Imaging Sciences (BPS)
 CT MRI Sonography
- Medical Biotechnology (BS)*
- Medical Technology (BS)*
- Radiation Therapy (BS)
- Radiation Therapy (BPS)

Respiratory Therapy (BS)*

*Are you applying for Extended Curriculum?
 Yes No

Graduate Program:

Master of Science, Medical Technology

Note: Physical Therapy applicants must complete a Doctor of Physical Therapy application. See instructions on page 2 of this booklet.

PLEASE TYPE OR PRINT LEGIBLY

1. Name in full _____ **2.** Sex: Female Male
Last First Middle

3. If you have educational records under a different name, give former name(s) _____

4. Permanent Address _____
No. & Street County

City State Zip Code

5. Permanent Telephone No. (_____) _____ Cell Phone No. (_____) _____
Area Code Area Code

6. Current Address _____
No. & Street County

City State Zip Code

E-mail Address _____

7. Business Telephone, if employed (_____) _____ **8.** Social Security No. _____ - _____ - _____
Area Code (Optional)

9. Date of Birth _____ / _____ / _____ **10.** Place of Birth _____
Mo. Day Yr.

11. Citizenship: U.S. Citizen Permanent Resident Other (specify visa category) _____
 Are you a legal resident of New York State? Yes No

12. If you wish to identify yourself as a member of an ethnic/racial group, please indicate:
 African American, not of Latino origin Latino, not of Puerto Rican origin White, not of Latino origin Mexican
 Native American/Alaskan Native Asian/Pacific Islander Puerto Rican Other: _____
(specify)

13a. Are you applying for admission under the Educational Opportunity Program? (Consult the SUNY Application Guidebook for a definition of this program.) Yes No

13b. If yes, have you been enrolled in an EOP, HEOP, SEEK or similar program at a previous college? Yes No

14. High School _____
Name City State Dates of attendance Year of graduation

15. All Colleges or Schools Attended (including Technical, Graduate, or Professional). List in chronological order.

Institution	Campus/Location/State	Dates Attended (month/year)	Summer Only?	Jr/Com College?	Major	Degree granted/Expected (date)	GPA
_____	_____	_____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____	_____	_____
_____	_____	_____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____	_____	_____
_____	_____	_____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____	_____	_____
_____	_____	_____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____	_____	_____

16. List any professional credentials you have: _____

17. What honors did you receive while in high school or college? (Include honorary societies.)

High School:

College:

17a. Are you a member of Phi Theta Kappa? Yes No

18. In what extracurricular or community activities have you participated in while in high school and college? (Include offices held.)

High School:

College:

19. If your education has not been continuous, indicate what you have done while not in school.

20. Were you ever required to leave high school or college, or denied readmission for any reason? Yes No

If yes, please explain.

21. Are you currently a full-time student? Yes No If no, please describe current activities.

22. Except for minor traffic violations, were you ever convicted of any violation of the law? Yes No If yes, please explain.

23. Military Experience:

Date of Entry _____ Date of Discharge _____ Branch of Service _____ Highest Rank _____

Months of Active Service _____ Type of Duty _____

24. Employment History: (List, in chronological order, most recent position first.)

From	To	Employer/Agency	City/State	Title	No. Hrs. per week if part time

25. Indicate names of your references.

Name _____ Title _____

Name _____ Title _____

26. List any medical volunteer or observational experiences or hospital employment.

Name of Hospital/Clinic _____ Dates _____ Dept. _____ Description of Duties/Position _____

27. Did you participate in a New Visions Program or Health Explorers Post? Yes No

If yes, what was the name of the program? _____

28. When did you first learn about the career field to which you are applying for admission?

29. What source **FIRST** made you aware of this college/program? Check one.

College of Health Professions: College Fair/Transfer Program Brochure Videotape Website _____
Name

SUNY Upstate Medical University Open House Computer List: _____
Name

Reference Book: _____
Name

College Fair/College Transfer Program Other: _____

30. What other sources made you aware of this college/program? (Rank by number, 1 being the most influential.)

College of Health Professions: College Fair/Transfer Program Brochure Videotape Website _____
Name

SUNY Upstate Medical University Open House Computer List: _____
Name

Reference Book: _____
Name

College Fair/College Transfer Program Other: _____

31. Have you ever considered any other health field? If so, which one(s)?

32. Why did you decide not to enter the other career(s)?

33. List any college course work you are taking, or plan to take this academic year (application year):

Fall Courses

Dept. Name	Course No.	Course Name	Sem. Hrs.	College Name

Spring Courses

Dept. Name	Course No.	Course Name	Sem. Hrs.	College Name

Summer Courses

Dept. Name	Course No.	Course Name	Sem. Hrs.	College Name	Expected Completion Date

- 34.** In the space below, describe (a) how you arrived at a career choice in the health field; (b) the consideration which led you to desire to study the career field to which you are applying for admission; (c) your long-term career goals; (d) any additional information you wish the Admissions Committee to consider. TYPE or PRINT legibly. Use additional pages if necessary.

I understand completion of this form does not constitute a completed application, and that I must also submit a State University of New York application. I certify that the information here is complete and correct to the best of my knowledge and belief.

Date

Signature of applicant

PLEASE RETURN TO:

**Office of Undergraduate Student Admissions, 1215 Weiskotten Hall
SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, New York 13210**

The State University of New York Upstate Medical University does not discriminate on the basis of race, religion, sex, sexual orientation, color, age, national origin, disability, marital status, or veteran status, in the recruitment and employment of faculty, staff, or students, or in the operation of any programs or activities, as specified by federal and state laws and regulations. For more information, contact Upstate Medical University's Office of Diversity and Affirmative Action, Room 412 Jacobsen Hall, or call 315-464-5234.

Letter of Recommendation Form

Office of Undergraduate Student Admissions
1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210

Name of Applicant _____

Social Security # (optional) _____

Application for the _____ Program

Name of Reference _____

To the Applicant:

Please follow the letter of recommendation guidelines which appear in this booklet and complete this section before submitting this form to your reference.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 - 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

- I DO DO NOT waive my right of access to and review of this letter of reference I am requesting.

Signature of Student

Date

To the Reference:

The applicant named above has applied for admission to SUNY Upstate Medical University College of Health Professions.

We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential to competent professional performance in their chosen health fields.

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Acquaintance with Applicant:

How long and in what capacity have you known this applicant?

- II. Comments:** In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

(Additional space on reverse)

Please complete both sides

II. Comments (continued)

III. Personal and Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation**
A. Academic Potential					
B. Leadership					
C. Professional Competence*					
D. Sense of Responsibility					
E. Ability To Work with People					
F. Rapport with Patients*					
G. Ability To Adapt to New Situations					
H. Ability To Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability To Analyze Problems and Solve Them Effectively					

* This category should be completed only by those who have had an opportunity to observe the applicant in a health setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

IV. Recommendation for Acceptance:

- Strongly recommend Recommend with reservations as noted in the comment section
 Recommend Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____

Title: _____ Professional Credential: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

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766 Irving Avenue
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