



Bioethics Application Checklist

Your completed application packet **MUST** contain the following:

- Completed Application.** It is important to complete all requested information on the application form.
- Authorization to Release Information.** Please complete and sign the form.
- Application Fee.** Please make your \$30 check or money order payable to Kansas City University of Medicine and Biosciences.
- Official Transcripts from All Previous College Work.** Transcripts must be in sealed envelopes with the signature of the registrar placed across the envelope seal. An unsealed or open transcript will not be accepted.
- Application Essay.** Please refer to the Application Form for instructions concerning the essay.
- Résumé.** Please refer to the Application Form for instructions concerning the résumé.
- Two Letters of Recommendation.** Make two separate copies of the accompanying Recommendation Form for those writing letters of reference on your behalf. Be sure to complete your portion of each Recommendation Form before giving it to your reference. Also, do not forget to provide each person writing a recommendation with a stamped, addressed envelope so that he/she can send their letter directly to the KCUMB Office of Admissions.
- Graduate Aptitude Tests Scores.** All applicants must submit a copy of his/her graduate aptitude test scores as part of their application. Examples of these aptitude tests include the Graduate Record Examination (GRE) or the Medical College Admissions Test (MCAT) developed and administered by the Educational Testing Service™ (ETS). In addition to the GRE and MCAT, other graduate aptitude tests appropriate for the applicant's profession are also acceptable. A photocopy of an official test score report, included with this application, is sufficient. It is not necessary to have ETS provide an official report to KCUMB. Applicants who have never taken a graduate aptitude test are encouraged to register for and take the GRE. (Under certain circumstances, an applicant may be provisionally admitted to the bioethics program and allowed to begin studies prior to completing this requirement.)

Please Note:

You will be notified by mail once your Application File (i.e., application materials and test scores) has been completed.

Got questions? Call the Office of Admissions at 816-283-2351.

A copy of KCUMB's Annual Security Report is available for review. This report includes statistics for the previous three years concerning reported crimes that occurred on campus, near the campus, or in property owned or controlled by KCUMB. The report also includes institutional policies concerning campus security, such as policies regarding sexual assault and other matters. You can obtain a copy of this report by contacting the KCUMB Security Department or by accessing www.kcumb.edu/annualsecurityreport.pdf.

Kansas City University of Medicine and Biosciences

College of Biosciences

Application for Admission to the Master of Arts in Bioethics Program

Contact Information

Name: _____

Last

First

Middle

Mailing Address: _____

Street

Apt. #

City

State

ZIP

E-mail Address: _____ Telephone: _____

Social Security Number: _____

Educational History and Test Scores

Please list all undergraduate/graduate/professional schools attended:

Institution

Dates

Major/Concentration

Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide GRE and/or MCAT scores, but also attach an official copy of scores to this application:

GRE	Date	Verbal	Quantitative	Analytical
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MCAT	Date	Verbal	Physical Sciences	Writing	Biological Sciences
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Application Essay and Résumé

- **Application Essay.** On separate pages, please describe why you are applying to the M.A. in Bioethics program and how you expect this degree to contribute toward your long-term goals. (Double space your essay and attach to this application form.)
- **Résumé.** On separate pages, please provide a résumé. This résumé should summarize experiences and accomplishments that you would like for the Admissions Committee to take into account as it considers your application. In constructing your résumé, you may want to consider including a variety of different experiences and accomplishments, such as employment history and work experience, honors and awards, extracurricular activities during school, civic and religious volunteer activities, leadership positions, publications or special projects, etc. (Attach your résumé to this application form.)

To Which Bioethics Track Are You Applying? (Please choose one)

- One-Year Track. The expectation of this track is that students will complete all of the requirements for their degree and graduate in one calendar year.
- Professional Studies Track. This track is designed for health-care professionals who would like to enhance their caregiving skills by developing further expertise in bioethics. The expectation is that students on this track will take longer than one calendar year to complete all of the degree requirements.

Additional Information

Are you a U.S. citizen?

- Yes No (If no, please attach a photocopy of your INS documentation to this Application Form.)

Have you ever been convicted of – or, do you have pending – a felony?

- Yes No (If yes, please explain on separate paper.)

Have you ever been convicted of – or, do you have pending – a misdemeanor?

- Yes No (If yes, please explain on separate paper.)

What were your primary sources for learning about the M.A. in Bioethics degree program at KCUMB?

(Please check as many as appropriate.)

- KCUMB Representative on College Campus at: _____
- KCUMB Publications
- KCUMB Web Site
- Advertising
 - Newspaper
 - Other (Please be specific, if possible): _____
- Campus Visit to KCUMB
- Other: _____

Signature of Applicant: _____ Date: _____

Authorization to Release Information

The Federal Privacy Act specifies that only the applicant has access to the application material and the status of the application. If you would like another party or multiple parties (i.e., parent, spouse, advisor, physician or friend) to be able to check the status of your application on your behalf, you are required to submit in writing a signed waiver giving KCUMB personnel permission to discuss all details of your application with each individual.

I, _____, give Kansas City University of Medicine and Biosciences' Office of Admissions permission to discuss with _____ any information pertaining to my application.

Print Full Name: _____

Signature: _____ Date: _____

Kansas City University of Medicine and Biosciences

College of Biosciences

Recommendation Form for Admission to the Master of Arts in Bioethics Program

Confidential

TO THE APPLICANT: Print or type your name and address below and give this form to a person who knows you well enough to evaluate your qualities and abilities (i.e., employment supervisor, head of department, academic advisor, one of your professors). Provide that person with a stamped envelope addressed to: **Kansas City University of Medicine and Biosciences, ATTN: Office of Admissions, 1750 Independence Ave., Kansas City, MO 64106**

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Street City State ZIP

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: The purpose of this recommendation is to assist in making the admission decision and, if you are admitted to enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the Act, you have the right, if you enroll at KCUMB, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I, _____, waive do not waive
any right of access I may have to this recommendation form.

Signature: _____ Date: _____

TO THE RESPONDENT: The above-named person is applying to an academic program at Kansas City University of Medicine and Biosciences. You have been chosen by the applicant to aid us in the selection process by supplying a confidential evaluation of his/her abilities. We would appreciate you commenting briefly on the applicant's strengths and/or weaknesses as indicated below. Please place this completed form – including a letter of reference or additional statement, if you so choose – into the stamped, addressed envelope provided by the applicant. Sign your name across the back of the sealed envelope and mail to KCUMB.

I have known the applicant as an undergraduate student a graduate student other _____.

I have known the applicant since _____, in my position as _____.

Please rate the applicant for each of the following characteristics by circling the appropriate point on the scale.

	Do Not Know	Very Low	Average	High	Very High
Motivation for Academic Work	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Intellectual Ability	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Creativity	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Initiative and Resourcefulness	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Oral Expression	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Written Expression	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Emotional Maturity	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10
Ability to Work Collaboratively	<input type="checkbox"/>	1 2 3	4 5 6	7 8 9	10

Please feel free to attach a separate letter of reference or statement with additional comments concerning this applicant, if you so choose.

I recommend this applicant: not at all moderately enthusiastically

Name: _____

Title: _____

Company/Institution: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Thank you for your help in this process. Please mail this completed form to:

Kansas City University of Medicine and Biosciences
Office of Admissions
1750 Independence Ave.
Kansas City, MO 64106-1453