



**Application for Admission  
MASTERS DEGREE PROGRAM**

Application for entry in year \_\_\_\_\_ Date \_\_\_\_\_

**Please check which option you are applying for:**

- OD/MS Combined     Standalone MS Program Part-time     Standalone MS Program Full-time

**I. Basic Information**

First Name	Middle Name	Last Name
Preferred First Name or Other Name Used		
Permanent Mailing Address		
Number/Street	City	
State/Zip	Country	
Do not use this address after:		<input type="checkbox"/> N/A
Contact Information		
Main Phone Number	Work Number	
Email Address:		
Citizenship Status		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are a citizen or permanent resident, what state is your legal residence?	If you are a citizen or permanent resident, what state is your legal residence?	

If you are not a US citizen or Permanent Resident, of what country are you a citizen?

## II. Optional Information

*You are not obligated to complete this section. This information will be kept confidential. Refusal to provide this information will not subject applicant to adverse treatment.*

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Decline to Answer
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Decline to Answer
If Married, Name of Spouse:			
<b>Race/Ethnicity</b>			
How do you describe yourself?			
<input type="checkbox"/> African-American/Black, not of Hispanic origin			
<input type="checkbox"/> White, not of Hispanic origin			
<input type="checkbox"/> Asian			
<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> other:			
<input type="checkbox"/> Pacific Islander			
<input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Other:			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Non-Resident Alien (not a US Citizen or a Permanent Resident of the US)			
<input type="checkbox"/> Other (please explain):			

*The above inquiries are for the purpose of assuring equal opportunity for all persons and effectuating the purpose of the Fair Educational Opportunities Act.*

### III. Educational History

Colleges Attended (List most recent first, include summer schools)

Institution	Dates Attended	Degree(s) Anticipated/Received
Were you ever required to leave any college, graduate, or professional school because of unsatisfactory academic performance or for disciplinary reasons?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain):		

Briefly summarize all experiences, honors, and activities:

College Activities

Honors Received in College

## Work Experience

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## Optometry Experience

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## Research Experience

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## IV. Other Information

Have you ever been convicted of a criminal or civil offense other than minor traffic violations?

No  Yes (please explain):

Do you have Military, Public Health Service, or Peace Corps Experience?

No  Yes (please explain):

Have you taken the Optometry Admissions Test (OAT) or Graduate Record Examination (GRE)?

No  OAT  GRE

## V. Curriculum Vitae or Resume

A list of leadership activity, community service, and job experience. Please account for all years since your high school graduation.

## VI. Application Checklist

It is the applicant's responsibility to submit the following items:

<input type="checkbox"/> \$75 Application Fee	<input type="checkbox"/> Personal Statement
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> OAT or GRE scores
<input type="checkbox"/> Official College Transcripts (from all schools attended, if transcript is foreign, an official evaluation will be required as well)	<input type="checkbox"/> 2 Letters of Recommendation (sent directly from reviewer)
<input type="checkbox"/> International or non-U.S. trained applicants only may be required to submit TOEFL and TSE. Please check with Admissions to see if these test are necessary to complete your application	

## VII. Educational Opportunity Policy Statement

The Southern California College of Optometry at Marshall B. Ketchum University is pleased to accept qualified students without regard to gender, race, color, religious affiliation, national origin, age or disability. In the interest of the public welfare, certain physical limitations may prevent the applicant from meeting the legal requirements of the practice of optometry. SCCO is a non-profit, independent institution, dedicated to the highest moral and ethical values. The College feels a particular obligation to the students and profession to create or maintain an atmosphere that encourages self-discipline and conduct becoming a professional. In keeping with this objective, certain policies have been adopted as guidelines. These are explained in the Student Handbook.

Students applying to SCCO should understand that enrollment is granted to those who agree to carry out the aims of this institution with its distinctive value system.

### APPLICANT'S CERTIFICATION

It is understood, by all parties, that the applicant who signs this admission form hereby certifies that the information submitted in this application for admission, academic records, and health status is true and complete to the best of his or her knowledge. The applicant fully understands that failure to answer all applicable questions or misrepresentation of any statement is sufficient reason for denial of admission or dismissal. The applicant indicates by signature that he or she is aware

of the responsibilities of a professional student and agrees that if enrolled at SCCO he or she will assume the obligation of living by the Honor Code of Conduct and the Dress Code of the College. Any failure on the part of the applicant or enrolled student to comply with the rules and regulations of SCCO, as published or amended, will be sufficient reason for dismissal from the College without recourse except as specified in the rules and procedures.

**This application must be accompanied by the \$75 application fee which is not refundable and is applicable only toward the year of entry indicated by the applicant on this form.**

The applicant has the full responsibility to have the proper transcripts and support data sent to the Admissions Office of the College.

No official statement concerning your admission status will be issued until we receive the filing fee and official transcripts of your college records. Transcripts must be sent directly from the institutions to us. Credentials filed in support of this application become the property of the College and are not returnable.

For purposes of preliminary evaluation, this application and transcripts of work completed may be submitted prior to completion of all admissions requirements. Supplementary transcripts of work in progress may be filed at a later date.

Signature of Applicant	Date

**Send transcripts and all relevant documents to:**

Marshall B. Ketchum University  
SCCO Office of Admissions  
2575 Yorba Linda Blvd.  
Fullerton, CA 92831

**Electronic Submissions and correspondence may be sent to:**

MSadmissions@ketchum.edu