

Application

**Northeastern University
PHYSICIAN ASSISTANT PROGRAM
202 Robinson Hall
360 Huntington Avenue
Boston, MA 02115-5000**

To be considered for the following August, all application material must be received by the program no later than September 1.

A. General Information

Name _____
Last First Middle Maiden
(Be sure to list all names that may appear on records.)

Social Security Number _____ Application for program beginning in August _____
Year

Permanent Address _____
Street City

State ZIP Code Telephone

Mailing Address _____
Street City

State ZIP Code Telephone

CASPA ID # _____

Email Address _____

Work Telephone _____

Have you ever applied to the Northeastern University Physician Assistant Program before? ____ Yes ____ No

If yes, for program beginning in August _____
Year(s)

B. Personal Statement

On a separate page (8 ½ x 11), please type a statement explaining what you have learned about yourself, serving others, and working as part of team based upon your hands-on patient care experience with patients and/or community service activities. Please be sure your name is on the page.

C. Curriculum Vitae

Please provide a current CV listing your educational and employment (clinical and non-clinical) history.

D. Application Fee

A nonrefundable supplemental application fee of \$25 in the form of a personal check or money order made out to Northeastern University must accompany this application.

Date _____ Signature _____

