



PENNSYLVANIA COLLEGE OF OPTOMETRY – SALUS UNIVERSITY

8360 OLD YORK ROAD • ELKINS PARK, PA 19027-1598 • U.S.A.

APPLICATION FOR ADMISSIONS BACHELOR OF SCIENCE IN OPTOMETRY COMPLETION COURSE / MASTER OF SCIENCE IN CLINICAL OPTOMETRY FOR INTERNATIONAL PRACTITIONERS

To be assured of consideration, it is recommended that the application be filed not later than 45 days before the program's start date. This form must be completed in English.

PLEASE TYPE

BIOGRAPHICAL DATA

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street) (City)

(Country) (Zip Code) (Phone #) (Fax #)

WHAT IS YOUR COUNTRY OF CITIZENSHIP: _____

ACADEMIC DATA

(Please list all degrees and/or dates of schools attendance even if it was only for one course).

HIGH SCHOOL ATTENDED: _____ DATE OF GRADUATION: _____

COLLEGE(S) ATTENDED

COLLEGE _____ FROM _____ TO _____ DEGREE _____

COLLEGE _____ FROM _____ TO _____ DEGREE _____

COLLEGE _____ FROM _____ TO _____ DEGREE _____

CONTACT LENS CERTIFICATION: YES _____ NO _____ DATE CERTIFIED _____

IN WHAT COUNTRY ARE YOU LICENSED, REGISTERED, OR THE EQUIVALENT TO PRACTICE OPTOMETRY OR OTHER OPHTHALMIC PROFESSIONS _____

HOW MANY YEARS HAVE YOU PRACTICED OPTOMETRY OR OTHER OPHTHALMIC PROFESSIONS _____

Are you currently a student in an Optometry program? _____ If yes, in what school _____

Expected date of graduation _____

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

1. A copy of a license (or registration) and title to practice optometry in your home country.
2. A copy of B.Sc. in Optometry or B. Opt. Diploma or its equivalent (if applying for the M.Sc. in Clinical Optometry only).
3. A non-refundable registration fee of \$150 U.S.
4. Supporting documents such as letters of recommendation, certificate of continuing education, etc., can be submitted but are not mandatory.

PLEASE NOTE: ALL COURSES WILL BE TAUGHT IN ENGLISH.

Applicant's Signature _____ Date _____