

SUPPLEMENTAL APPLICATION

# GRADUATE APPLICATION

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**COLLEGE OF EDUCATION,  
NURSING AND HEALTH PROFESSIONS**

Master of Science in Prosthetics and Orthotics



UNIVERSITY OF HARTFORD



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## COLLEGE EDUCATION, NURSING AND HEALTH PROFESSIONS

### Master of Science in Prosthetics and Orthotics (MSPO)

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#### DIRECTIONS FOR APPLICATION TO GRADUATE STUDY

The Center for Graduate and Adult Academic Services and the College of Education, Nursing and Health Professions welcomes your application for graduate study at the University of Hartford. In order to be considered for graduate study in prosthetics and orthotics, you must submit all the materials listed in the CHECKLIST below. All materials must be submitted no later than February 1.

- For more detailed information regarding admission criteria and policies, as well as academic policies and completion requirements, please read the graduate policies and procedures included in the latter portion of the booklet.
- Submit application and a nonrefundable application fee, \$45 for domestic applicants, \$45 for international applicants, payable to the University of Hartford.
- Request that all colleges and postsecondary institutions forward official transcripts.
- Request three recommendations from professors, employers, or school administrators on the forms supplied. NO EXCEPTIONS.
- Submit official Graduate Record Examination (GRE) scores taken within the last five years. The University's institutional code number for GRE scores is 3436.

If you have previously taken the GRE (within the last five years), test scores may be obtained from:

- Graduate Record Examination  
Educational Testing Services  
Princeton, NJ 08541-6000  
[www.ets.org](http://www.ets.org)

Information about the Graduate Record Examination may be obtained by contacting the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599, (860) 768-4371.

- Immunization Form. Please complete the Immunization Form and return to Health Services. Although the Immunization Form is not required for an admission decision, it is mandatory to be on file to register for classes.

#### International Applicants

The following items are required in addition to the above items:

- English Proficiency Examination. The official score from the TOEFL or IELTS is to be submitted by international students who earned their baccalaureate degree in a country where English is not the first language. The University of Hartford's test code number is 3436. Visit TOEFL at: [www.ets.org](http://www.ets.org) or IELTS at [www.ielts.org](http://www.ielts.org).
- Transcript Evaluation International transcripts must be evaluated by the World Evaluation Services/WES Visit: [www.wes.org](http://www.wes.org). You will incur an expense for the WES evaluation; therefore, the \$45.00 application fee will be waived.
- Guarantor's Statement A certified Guarantor's Statement of financial support is required. You may download the Guarantor's Statement at: [www.hartford.edu/graduate/int](http://www.hartford.edu/graduate/int).

Return all materials to the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.

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Complete your application form online at:

**<http://www.hartford.edu/graduate/>** or complete the attached application form and return to the address above.



## COLLEGE EDUCATION, NURSING AND HEALTH PROFESSIONS

### Master of Science in Prosthetics and Orthotics (MSPO)

#### INSTRUCTIONS FOR POST-BACCALAUREATE APPLICANTS

#### APPLICATION DEADLINE: FEBRUARY 1 – RESPONSE DEADLINE: APRIL 15

The professional MSPO program leading to the Master of Science in Prosthetics and Orthotics is designed for graduate professionals dedicated to the promotion of health and the prevention and rehabilitation of physical disabilities. Students who possess a baccalaureate degree in another area and have satisfied prerequisite courses may apply to enter into the professional phase to complete the requirements for the MSPO. All materials must be submitted no later than February 1. Applicants will be notified by March 15 and must confirm attendance no later than April 15 to secure space in the class.

Applicants must submit the following materials to the Office of Admission and Student Financial Assistance by Feb. 1:

1. Completed MSPO Graduate Application.
2. Transcripts for all undergraduate and post-graduate academic work. A minimum undergraduate GPA of 2.7 is required.
3. Confidential Letter of Recommendation Forms (included in graduate application) from each of the following individuals:
  - course instructor or academic advisor
  - a supervisor in professional or other work capacity
  - another individual in either capacity
4. Scores on the aptitude portion of the Graduate Record Examination (GRE). For those with English as a second language, the TOEFL is necessary. Official scores must be received by the University by the February 1 deadline.

#### PREREQUISITE COURSES

Prerequisite courses must be taken and passed with a 2.0 or better. An overall undergraduate degree GPA of 2.7 is necessary for consideration for admission. No exceptions will be made. Applications will not be evaluated if they do not meet these grade requirements. Prerequisite courses required for entry into the MSPO Program include:

The following prerequisite courses must have been completed at the college level:

1. **Biology: I and II** 8 credits  
(with lab)
2. **Human anatomy:** 4 credits  
(one course with lab)
3. **Human physiology:** 4 credits  
(one course with lab. Note: When Anatomy and Physiology are taken as a combined course, two semesters are necessary - 8 credits- to meet the requirements)
4. **Chemistry: I** 4 credits  
(with lab)
5. **Physics:** 8 credits  
(two-course sequence with lab)
6. **Statistics:** 3 credits  
(course to include descriptive statistics, correlation, and introduction to inferential statistics)
7. **Trigonometry:** 3 credits
8. **Psychology:** 9 credits  
(courses include: general, developmental, and abnormal psychology - all 3 required)
9. **Humanities:** 9-12 credits
10. **Social sciences:** 9-12 credits

Courses taken to fulfill prerequisites 1-8 above must be completed with a GPA of 2.7 or higher with no grade below a C in order for the application to be considered. **An applicant may not have more than two required courses still in progress by the February 1 deadline.** If you have questions about whether a course fulfills one of the above requirements, please submit a photocopy of the course description from the appropriate college catalogue.



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#### GRADUATE POLICIES AND PROCEDURES

##### GRADUATE ADMISSION CRITERIA AND EVIDENCE

###### The criteria for admission are listed below.

1. The ability to think critically, grasp abstract concepts, and analyze complex information, in order to be successful in the MSPO classes.
  - 3 letters of recommendation
  - GRE scores
  - Undergraduate GPA of B (2.7) or better
2. Sufficient command of English to be successful in MSPO classes.
  - TOEFL score: min 500
3. Competence in written communication.
  - Letters of Recommendation
4. Competence in oral communication.
  - Letters of Recommendation
5. Competence in the basic skills of reading, writing and mathematics.
  - GRE scores (TOEFL when applicable)

##### Graduate Admission Materials

Each candidate MUST submit the following materials:

- Evidence of graduation from an accredited institution of higher education.
- Transcripts of all undergraduate and graduate course work.
- Written essay.
- Three letters of recommendation.
- Official reports of GRE scores.

##### Admission Procedure

The Departmental Graduate Admissions Committee of the MSPO will make all admission decisions. The committee will review only complete files submitted no later than February 1. The committee may interview qualified candidates based on review of these materials and will then take one of three actions:

1. Accept
2. Conditional Accept
3. Wait List
4. Deny

Candidates will be notified in writing of the Committee's decision.

#### GRADUATE ACADEMIC POLICIES AND PROCEDURES

##### Degree Requirements

Candidates must complete a minimum of 59 credits including a minimum of 3 integrated internship experiences to fulfill degree requirements. The curriculum is designed for full-time study; part-time enrollment is not an option.



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#### GRADUATE POLICIES AND PROCEDURES

##### GRADUATE ACADEMIC POLICIES AND PROCEDURES (Continue)

##### Criteria for Satisfactory Progress

All courses required for the major must be taken for a letter grade (with the exception for Integrated Internships). The Integrated Internships are considered professional courses. Satisfactory completion of them is a requirement for obtaining the MSPO.

Degree candidates must attain an overall grade point average of B (3.0) or higher. No grade below a C is acceptable for credit. If a student's overall GPA falls below a 3.0 in one semester, the student is put on a GPA probation for the following semester. Upon completion of the probationary semester, if the student's overall GPA is still below a 3.0, the student will be dismissed from the program.

A professional course grade of below 2.0 will be allowed only once in the program. This includes all didactic and clinical courses. That course may be repeated only once in order to raise the grade to a 2.0 or better or to a "Pass". If a didactic course is failed, the student may not continue with the professional program until the course is repeated. If a Integrated Internship is failed, the student may continue with didactic courses, and the Internship will be repeated in the next scheduled session. A student will be placed on course failure probation if he/she does not pass a professional-level course with a C or better, or fails an Integrated Internship.

##### Grading Policy

Grades and grade points are based upon the following system:

A	4.00	B-	2.67	D+	1.33
A-	3.67	C+	2.33	D	1.00
B+	3.33	C	2.00	D-	0.67
B	3.00	C-	1.67	F	0.00

##### Dismissal

A student will be dismissed from the MSPO if he/she has two sequential semesters with GPAs that are below 3.0. Failure of two courses will result in dismissal from the program.

##### Lecture/Lab Grade Policies

In courses with a lab, both the lecture and the laboratory portions of the course must be passed with a grade of 73% or better to receive a passing grade for the entire course.

##### Graduation

The Commencement ceremony is held in May upon completion of required course work.

Subsequent to the academic program students are required to complete a Residency Program governed outside the academic program.

It is the responsibility of each student to obtain an approved Residency at the completion of the academic program.



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STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)
OR STUDENT'S TELEPHONE NUMBER
OR STUDENT'S EMAIL

LETTER OF RECOMMENDATION FORM

- 1. Remove the three (3) copies of this form from the supplemental application packet.
2. TYPE in your name and social security number on each copy.
3. Provide one copy of this form and a self-addressed, stamped letter-sized envelope with your name written legibly or typed across the front, to each of the following:
(a) a college-level Basic Science Instructor, or a lab instructor, co-signed by professor
(b) a licensed prosthetist-orthotist if possible
(c) a current or former employer.
4. Request that the individual completing the form seal the completed form in the envelope, write his or her last name across the flap, and return the sealed letter to you.
5. Enclosed the three letters (sealed) and mail them with your MSPO application.

You must allow ample time to complete this part of your application. The deadline for receiving your application (including three letters of recommendation) is February 1.

CONTACT THOSE COMPLETING LETTERS OF RECOMMENDATION EARLY.

APPLICANT'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

has applied to the MSPO Program at the University of Hartford.

Please indicate your decision before giving this form to the appropriate individual.

- [ ] This evaluation is to be considered nonconfidential. The evaluation may be shown to me upon my request.
[ ] This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection now or at any time in the future.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTIONS TO THE PERSON COMPLETING THIS FORM: Circle the number that best represents your assessment of this candidate. Please include any additional information that you feel would assist us in interpreting your responses. An example would be helpful in relation to any extremely high or low ratings. This information must be completed, but feel free to attach a narrative recommendation, if you wish. This letter of recommendation must be returned to the candidate for remission to the University of Hartford MSPO program. See #4 above.

EVALUATOR'S TYPED NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Evaluator is [ ] an instructor [ ] an employer [ ] an Orthotist/Prosthetist [ ] other

I have known the applicant for approximately \_\_\_\_\_ mo./yrs.

Applicant is/was: [ ] a student [ ] an employee [ ] a volunteer/aide [ ] other (please indicate) \_\_\_\_\_



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RECOMMENDATION FOR GRADUATE STUDY

TO THE PERSON COMPLETING THIS RECOMMENDATION:

KEY: 1=LOW 7=HIGH

Table with 8 columns: Trait, 1, 2, 3, 4, 5, 6, 7. Rows include Active Organization, Interest/Concern for Others, Communication Skills, Assertiveness/Ability to Engage in Independent Inquiry, Self-assessment, Emotional Stability and Maturity, Reliability, Judgment/Intellectual Ability, Ethics/Values, Motivation, Perseverance, Potential as a Leader, Proficiency and Experience.

PLEASE COMMENT ON THIS CANDIDATE'S STRENGTHS:

Horizontal lines for writing strengths.

PLEASE COMMENT ON THIS CANDIDATE'S WEAKNESSES OR AREAS THAT NEED IMPROVEMENT:

Horizontal lines for writing weaknesses.

EVALUATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL \_\_\_\_\_



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PLEASE COMMENT ON THIS CANDIDATE'S STRENGTHS:

Horizontal lines for writing comments on candidate's strengths.

PLEASE COMMENT ON THIS CANDIDATE'S WEAKNESSES OR AREAS THAT NEED IMPROVEMENT:

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Five horizontal lines for writing comments on candidate's strengths.

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EVALUATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL \_\_\_\_\_



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: \_\_\_\_\_

UH ID#: \_\_\_\_\_ SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ [ ] MALE [ ] FEMALE

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT PHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_

STATUS: Will be living in campus housing? [ ] Yes [ ] No Date Entering University: \_\_\_\_\_

[ ] FULL-TIME [ ] PART-TIME [ ] GRADUATE PROGRAM [ ] FRESHMAN [ ] SOPHOMORE [ ] JUNIOR [ ] SENIOR

Measles Vaccine: First dose must have been administered on or after the student's first birthday, AND must have been administered on or after 1/1/69. The second dose must have been administered on or after 1/1/80. (Exempt if born before 12/31/56)

Mumps Vaccine: Must have been administered on or after the student's first birthday.

Rubella (German Measles) Vaccine: Must have been administered on or after the student's first birthday.

REQUIRED IMMUNIZATIONS

This section must be completed by either a physician or someone operating under the direction of a physician, i.e., school nurse, PA, APRN. Record of Immunizations (month/day/year)

Table with 4 columns: Disease History (IS NOT acceptable), 1st dose (or 1st MMR), 2nd dose (or 2nd MMR), Lab evidence of immunity-titer is acceptable (Date of test, Titre Results). Rows for Measles, Mumps, Rubella.

Meningitis Vaccine (Required for all students living in campus housing) Date: \_\_\_/\_\_\_/\_\_\_

Tuberculosis Screening: (BCG Vaccine is not a contraindication to testing.)

Test date must be completed within the last calendar year.

OPPD (MANTOUX) Date: \_\_\_/\_\_\_/\_\_\_ Results: [ ] Negative [ ] Positive Induration \_\_\_\_\_ mm

[ ] Chest x-ray (if positive PPD) Date: \_\_\_/\_\_\_/\_\_\_ Results: [ ] Negative [ ] Positive

[ ] If positive PPD, treatment with \_\_\_\_\_ Dates: \_\_\_\_\_

NON-REQUIRED, BUT STRONGLY RECOMMENDED IMMUNIZATIONS

Hepatitis A Vaccine Date 1: \_\_\_/\_\_\_/\_\_\_ Date2: \_\_\_/\_\_\_/\_\_\_

Hepatitis B Vaccine Date 1: \_\_\_/\_\_\_/\_\_\_ Date2: \_\_\_/\_\_\_/\_\_\_ Date3: \_\_\_/\_\_\_/\_\_\_

Varicella Date 1: \_\_\_/\_\_\_/\_\_\_ Date2: \_\_\_/\_\_\_/\_\_\_

Tetanus Diphtheria Date 1: \_\_\_/\_\_\_/\_\_\_

Date of Last Physical Examination (a physical is not required but strongly recommended) Date: \_\_\_/\_\_\_/\_\_\_

Signature of Health Care Provider: (MUST BE SIGNED OR STAMPED BY HEALTHCARE PROVIDER)

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_



IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

MEDICAL HISTORY

NOTIFICATION OF SPECIAL MEDICAL CONSIDERATIONS: in an effort to be productively responsive to students needs, the University Health Services would like to be alerted to any special medical conditions or concerns that may require special attention or care. Please attach or forward any medical records that may be needed in order to provide appropriate care to this student while they are at college. Also, since we cannot automatically assume responsibility for a student's care without their willing participation, please instruct them to contact the Student Health Services office to make an appointment when needed.

Current Medical History/Condition(s): \_\_\_\_\_

Allergies/Allergens: \_\_\_\_\_

Medications Taken Regularly: (name/dosage) \_\_\_\_\_

Medical History: Check if you have ever had any of the following. Comment on all checked conditions in the space below:

- YES NO YES NO
Acne (under treatment)
Anxiety
Arthritis
Bipolar disorder
Blood disorder
Cancer
Chicken Pox
Crohn's Disease/IBS
Depression
Digestive trouble
Emotional/mental illness
Hay fever
Heart Disease
HIV/AIDS
Kidney stones
Migraine/recurrent headaches
Peptic ulcer
Pregnancy
Seizure disorder (epilepsy)
Skin disorder
Thyroid disorder
Urinary infection
Alcohol/drug use, problem or treatment
Anemia
Asthma
Bleeding trait
Breast disease
Cerebral palsy
Chronic Bronchitis/emphysema
Chronic kidney condition
Diabetes (type I or II)
Eating disorder (anorexia/bulimia)
Fracture/sprains
Hepatitis
High Cholesterol
Insomnia/sleep problems
Menstrual problems
Pelvic infection
Phlebitis
Rheumatic fever
Sexually transmitted disease
Systemic lupus
Tobacco use
Other:

If you answered yes to any of the above, please explain: \_\_\_\_\_



UNIVERSITY OF HARTFORD

MAIL TO:
University of Hartford Health Services
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-6601
Fax: (860) 768-5140

IMMUNIZATION RECORD

> REQUIRED TO REGISTER FOR CLASSES

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

INSURANCE INFORMATION

Only for laboratory or x-ray services/referrals—Student Health Services does not utilize insurance. Students pay for medications and/or laboratory services done on site. Fees are payable at the time of service by cash, check, charge or the University Hawk Flex card.

NAME OF INSURANCE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_

Is prior authorization required for referrals? [ ] Yes [ ] No Laboratory Services? [ ] Yes [ ] No

Please provide any other additional information you feel would be needed in case of an emergency or health related situation:

Multiple horizontal lines for providing additional information.

Emergency Contact Information:

Multiple horizontal lines for providing emergency contact information.

Please make sure all sides are filled out completely and designated forms are signed by your medical provider. All forms must be at the Student Health office prior to moving onto or attending classes to comply with The State of Connecticut's Department of Public Health's mandate.

The University does not permanently store these records. Please keep a copy for your permanent records. To reduce unnecessary paper copies, please do not mail and fax—only send one completed copy. Thank you for your prompt attention

# COLLEGE EDUCATION, NURSING AND HEALTH PROFESSIONS

## Master of Science in Prosthetics and Orthotics



UNIVERSITY OF HARTFORD

200 Bloomfield Avenue  
West Hartford, CT 06117

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COLLEGE OF ARTS  
AND SCIENCES

HILLYER  
COLLEGE

HARTFORD  
ART SCHOOL

BARNEY SCHOOL  
OF BUSINESS

COLLEGE OF ENGINEERING,  
TECHNOLOGY  
AND ARCHITECTURE

COLLEGE OF EDUCATION,  
NURSING AND HEALTH  
PROFESSIONS

THE HART  
SCHOOL

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### STATEMENT OF NONDISCRIMINATORY POLICIES

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.