

LL.M. PROGRAM IN HEALTH LAW
APPLICATION FOR ADMISSION

1

Dear Applicant:

Thank you for your interest in Saint Louis University School of Law's LL.M. Program in Health Law. Carefully read the information contained in this application packet prior to completing the application materials. All submitted application materials become the sole property of Saint Louis University School of Law and cannot be returned to you or forwarded to any third party. The application must be completed in its entirety, signed and dated by the applicant. Any false or misleading information, as well as incomplete or inaccurate information, may lead to denial of admission or, if admitted, dismissal from the School of Law.

Questions about the application may be directed to the Center for Health Law Studies assistant director at healthlawllm@slu.edu or (314) 977-8176.

AN APPLICANT'S FILE IS COMPLETE WHEN THE SCHOOL HAS RECEIVED:

- A completed LL.M. Program Application for admission
- An official transcript from each post-secondary school attended by the applicant, together with English translations of each official transcript that is not in English
- Two letters of recommendation in sealed envelopes
- A written personal statement
- Current résumé
- If English is not applicant's primary language, an official TOEFL or IELTS score is required. We require a minimum TOEFL iBT score of 79 or paper-based score of 550. Our minimum IELTS score accepted is 6.5.

DEADLINE:

Applications are considered on a rolling basis.

MAIL TO:

Center for Health Law Studies, LL.M. in Health Law
Saint Louis University School of Law
100 N. Tucker Blvd.
St. Louis, MO 63101-1930, USA

FINANCIAL AID INFORMATION:

Saint Louis University School of Law awards scholarships to incoming Health Law LL.M. students based on outstanding academic credentials and exceptional career achievements. Students can apply for scholarships by separate letter. Applicants for scholarships are considered within several weeks of admission to the LL.M. Program in Health Law. In addition to scholarships administered by the School of Law, students can explore other financial avenues by contacting the School of Law's Financial Aid Coordinator at lorentzj@slu.edu or (314) 977-3369.

LL.M. PROGRAM IN HEALTH LAW
APPLICATION FOR ADMISSION

2

PLEASE TYPE OR PRINT

1. _____
Last (Family) Name(s) First (Given) Name(s) Middle Name

2. _____ 3. _____
Ms. / Mr. / Mrs. / Miss / Dr. / Prof. United States Social Security Number (if applicable)

4. _____
Email Address (Note: Please give an email address that you check frequently. This is our primary means of contacting you.)

5. _____
Permanent Street Address (Note: We cannot accept P.O. Boxes. Please provide a street address.)

City State (Province) Postal Code Country

6. _____
Personal Telephone Business Telephone (if any) Fax Number (if any)

7. _____ Effective Until: _____
Temporary Street Address (Only if different from permanent address above.) Month / Day / Year

City State (Province) Postal Code Country

8. Male Female

9. Citizenship: U.S. Citizen Non-U.S. Citizen: Country of Citizenship: _____
Non-U.S. Citizens Only: Are you a Permanent Resident Alien? Yes No
If yes, please attach a copy of your permanent resident card, including both front and back sides.

10. Date of Birth: _____ Place of Birth: _____
Month / Day / Year City State (Province) Country

11. What is your native language?: _____

12. If English is not your primary language, have you taken the Test of English as a Foreign Language (TOEFL)?
 Yes _____ If available, what is your TOEFL score? _____ No _____
Month / Year Month / Year to be taken

Note: Students for whom English is not the primary language must take the TOEFL and have the official results sent directly to the School of Law. **The institution code is 6629. We require a minimum TOEFL iBT score of 79, paper-based score of 550. Alternatively, a minimum IELTS score of 6.5 will also be accepted.**

CONTINUED ON NEXT PAGE

LL.M. PROGRAM IN HEALTH LAW
APPLICATION FOR ADMISSION

3

PLEASE TYPE OR PRINT

13. Have you previously applied for admission to this law school? Yes _____ No
Month / Year

14. List the basic degree in law that you are currently pursuing or have completed:

Name and Location of College / University	Degree Earned	Date Degree Conferred
---	---------------	-----------------------

15. What is your grade point average? _____ Class Rank? _____

16. Does this degree qualify you for admission to the bar in your home country? Yes No

17. List any bar admissions (jurisdiction / date): _____

18. List any advanced degrees in law that you are pursuing or have completed:

Name and Location of College / University	Degree Earned	Date Degree Conferred
---	---------------	-----------------------

19. List all other colleges and universities attended, including professional schools:

Name and Location	Area of Study	Degree or Certificate	Dates of Attendance
-------------------	---------------	-----------------------	---------------------

Note: An official record/transcript of all undergraduate, graduate and professional work, accompanied by English translations (if not in English), must be sent directly to the Center for Health Law Studies – Saint Louis University School of Law by the registrar of each postsecondary school attended.

20. Please answer each of the following questions by checking Yes or No. If your answer to any question is Yes, you must submit a full statement of the relevant facts on additional pages stapled to this form.

Yes No

- A. Have you applied, been admitted or enrolled previously at this University?
- B. Has there ever been an interruption of one or more terms in your education for any reason?
- C. Have you ever been placed on probation, suspended, dismissed or subject to disciplinary action of any type by any college or university?
- D. Have you ever been subject to professional disciplinary action of any type?
- E. Have you ever been convicted of a crime other than a minor traffic violation or a juvenile offense?
- F. Are there any criminal charges pending or expected to be brought against you?

CONTINUED ON NEXT PAGE

LL.M. PROGRAM IN HEALTH LAW
APPLICATION FOR ADMISSION

4

PLEASE TYPE OR PRINT

21. List academic honors and scholarships:

22. List significant academic and/or professional accomplishments:

23. A résumé / curriculum vitae which includes all professional work experience, publications, honors, awards, etc., must be submitted.

24. Letters of recommendation must be submitted. Please provide a minimum of two (2) letters, preferably from your academic instructors if you are currently in school or recently graduated, or from your employer if recently or currently employed. See further instructions on the Recommendation Form.

Recommender #1: _____

Recommender #2: _____

25. List the names, addresses and telephone numbers of two additional references who are familiar with your academic or professional work and whom we may contact:

Name	Address	Telephone
------	---------	-----------

26. Please include a personal statement about the reasons you are applying to the LL.M. Program in Health Law including: A) your career plans and your expectations as to how this program will enhance or contribute to your plan; and B) any special factors, achievements, problems, plans, explanations or other matters you think might be helpful to the committee in acting upon your application in comparison with other qualified candidates for admission. Attention is given to brevity and clarity of thought and expression.

27. IMPORTANT: YOU MUST SIGN THIS APPLICATION BELOW

To the best of my knowledge, the information given above is true, complete and accurate. I understand that misrepresentation of facts on this application or at any time during the admission process will be cause for refusal of admission, cancellation of admission, suspension from the university, or other disciplinary action by the School of Law. I also understand that a first degree in law and a final transcript are required prior to matriculation. I understand all submitted application materials become the sole property of Saint Louis University School of Law and cannot be returned to me or forwarded to any third party.

Signature: _____ Date: _____

CONTINUED ON NEXT PAGE

LL.M. PROGRAM IN HEALTH LAW
APPLICATION FOR ADMISSION

5

PLEASE TYPE OR PRINT

RESPONSES TO THE FOLLOWING QUESTIONS ARE OPTIONAL. THIS INFORMATION WILL ASSIST US IN BETTER SERVING YOU.

Do you have any special personal reason for applying to this law school?: Yes No

If yes, please specify: _____

How did you learn about Saint Louis University School of Law? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> SLU Professor | <input type="checkbox"/> SLU LAW Student |
| <input type="checkbox"/> Home Institution Professor | <input type="checkbox"/> SLU LAW Alumni |
| <input type="checkbox"/> SLU Center for International & Comparative Law Staff | <input type="checkbox"/> SLU Mailing |
| <input type="checkbox"/> SLU Admissions Staff | <input type="checkbox"/> Law Forum (please specify) _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> SLU Internet Site |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other Internet Site (please specify) _____ |
| <input type="checkbox"/> Visit to Campus | <input type="checkbox"/> Other (please specify) _____ |

2" x 2"
(5cm x 5cm)

**PLEASE ATTACH A BLACK & WHITE OR
COLOR PORTRAIT PHOTO HERE.
(OPTIONAL AT TIME OF APPLICATION)**

**ALL MATRICULANTS ARE REQUIRED TO
SUBMIT PORTRAIT PRIOR TO ORIENTATION
AND REGISTRATION.**

CONTINUED ON NEXT PAGE

LL.M. PROGRAM IN HEALTH LAW
RECOMMENDATION FORM

6

TO APPLICANT:

PLEASE TYPE OR PRINT

Please complete the information requested below. Then, please forward one (1) form and a self-addressed envelope to each recommender. The recommender should return the recommendation to you in a sealed envelope. DO NOT OPEN the envelope. Forward the sealed recommendations with your other application materials.

NAME OF APPLICANT:

Last (Family) Name(s)

First (Given) Name(s)

Middle Name

Country

NAME OF RECOMMENDER: _____

I understand that United States legislation gives the right for me to access this recommendation, which may be waived, and that no school or person can require me to waive this right. Check and sign one of the following statements:

I waive my right of access to this recommendation and authorize the person named above to provide an evaluation and any and all relevant information to Saint Louis University School of Law.

Signature: _____ Date: _____

I DO NOT waive my right of access to this recommendation and authorize the person named above to provide an evaluation and any and all relevant information to Saint Louis University School of Law.

Signature: _____ Date: _____

TO RECOMMENDER:

The LL.M. admission procedures at Saint Louis University School of Law require that applicants to the LL.M. Program submit letters of recommendation with their completed applications. We are seeking recommendations that provide insight into the applicant's potential to successfully complete the LL.M. Program in Health Law. It would be helpful to receive your insights into the applicant's character and intellectual capabilities, as well as details about the applicant's specific accomplishments and qualifications.

BELOW ARE A LIST OF QUESTIONS WHICH MAY HELP YOU IN PROVIDING US WITH USEFUL INFORMATION.

- ⊕ *What distinguishes the applicant from others? What special interests, personal qualities or motivations does he/she have?*
- ⊕ *How does the applicant compare academically with other applicants?*
- ⊕ *What other information do you have about the applicant that could be beneficial in assessing his/her candidacy?*

Please submit a letter of recommendation on a separate letter on your letterhead, and sign the letter and attach it to this form. You should enclose this recommendation in the envelope provided by the applicant, seal and sign the back flap of the envelope, and mail this recommendation to the applicant. The applicant will submit this recommendation unopened to Saint Louis University School of Law.