



Chicago's Jesuit University

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Institute for Health Law

LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW

D.Law Application | doctor of laws for m.j.-credentialed health care professionals

Please read this application thoroughly before and after completing it. Deadline is July 1. Early applications are advised.

Today's Date: _____ Social Security Number: _____
(international citizens: please indicate a student visa or alien registration number)

Name: _____
first middle last previous surname

Home Address: _____
number and street city state zip

Home Telephone: (____) _____ Home E-Mail: _____

Employer Name: _____

Title/Department: _____

Employer Address: _____
number and street city state zip

Employer Telephone: (____) _____ Employer E-Mail: _____

College Transcripts: In chronological order, please list all colleges and universities you attended, including summer school attendance, community colleges and professional schools. **Please Note:** You must request that all transcripts be sent **directly** from the Registration and Records Office from every school attended to the address on the reverse side of this application.

| name of institution | degree received/expected | major | graduation month/year |
|---------------------|--------------------------|-------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Letters of Recommendation: Please list the names, title/organization, and telephone numbers of persons familiar with your academic or professional performance who will submit letters of recommendation in support of your application. **Please familiarize your references with our D.Law program and have them specifically address your critical thinking skills and your aptitude for undertaking graduate legal studies.** The letters must be sent **directly** from the writers to Loyola's Admissions Committee using the enclosed letter of recommendation form. We may contact them directly for a telephone reference if necessary.

| name | title | organization | telephone number |
|-------|-------|--------------|------------------|
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |

Résumé: On (a) separate sheet(s) of paper, submit a résumé outlining your work experience, education, professional or academic honors and achievements, speeches or lectures given, papers presented or published, and any other information you believe relevant in assessing your application.

International Applicants: If your prior education was at a non-English speaking university, you must demonstrate English proficiency by taking the Test of English as a Foreign Language (TOEFL) and achieving a minimum score of **640** on the paper-based test and **273** on the computer-based test. The score must be no more than two years old and must be sent directly to Loyola's Admissions Committee from the Education Testing Service (ETS).

Research Proposal: In no more than 10 typed pages, submit a detailed research proposal outlining your intended thesis or dissertation project. The admissions committee will carefully evaluate all proposals to assess writing and research abilities and to determine if the proposal is compatible with the research agenda, curriculum and goals of the Institute for Health Law.

Personal Statement: In addition, 1-2 typed pages or less, state your reasons for applying to the D.Law program and how you anticipate using this education in work experience. Please include any information you believe relevant to the assessment of your application. Put your name on this document and entitle it "Personal Statement."

Disciplinary Action: If you answer yes to either of the following questions, please explain on a separate sheet of paper. Put your name on this document and entitle it "Disciplinary Actions."

Have you ever been suspended, expelled, placed on probation, or otherwise disciplined by any school, professional organization, or state agency? *Yes No*

Have you ever been convicted of or pled guilty to the violation of any law or ordinance, or the commission of any felony or misdemeanor, other than a minor traffic violation? *Yes No*

Government Reporting Information: For our records, and for the purpose of reporting to government agencies, Loyola requests that you *voluntarily* disclose the information in this section. **Please note: The information in this section is NOT used to make admissions decisions.**

| | |
|---|--|
| <p>Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Islam/Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Latter Day Saints/Mormon <input type="checkbox"/> Orthodox <input type="checkbox"/> Protestant <input type="checkbox"/> Other <input type="checkbox"/> No Religion</p> <p>Date of Birth: _____</p> | <p>Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Arabic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Chinese <input type="checkbox"/> Cuban <input type="checkbox"/> Indian/East Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mexican <input type="checkbox"/> Mulatto/African-Caucasian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Vietnamese Other: _____</p> <p>Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien: If not a United States Citizen, please indicate your country of origin. _____</p> |
|---|--|

Personal Interview: All applicants are required to complete a personal interview with a member of the admissions committee as part of the application process. If it is not possible to visit Loyola in person, a phone interview will be arranged. A member of the Institute for Health Law staff will contact you via email or telephone **after your admission file is complete** to schedule the interview. Please make sure to keep your contact information current with the Institute office.

Application Check-List: You will not be considered for admission unless the Admissions Committee receives all of the following by the application deadline:

- Completed application form
- Two letters of recommendation (use enclosed forms)
- Transcripts from all colleges and universities attended
- Research Proposal
- Résumé
- Personal Statement
- \$50.00 application fee, payable to Loyola University Chicago

Please send this application and all supporting admissions materials to:

Institute for Health Law
Admissions Committee
Loyola University Chicago School of Law
One East Pearson Street
Chicago, Illinois 60611
Voice: 312.915.7174
Fax: 312.915.6212
e-mail: health-law@luc.edu

Applicant Signature: I hereby certify that the information given by me on this application and its attachments is complete and accurate. I agree that if accepted into the program I will comply with all the rules and regulations of Loyola University Chicago School of Law.

_____ signature

_____ date