



College of Optometry
Application for Fall Entry 2008

APPLICATION INSTRUCTIONS AND PROCEDURES

Applications Accepted

September 1, 2007 (postmarked)

Preferred Application Deadline

January 11, 2008 (postmarked)

→ Your application must be received by the preferred deadline to be considered for admissions scholarships and awards.

Final Application Deadline

March 14, 2008 (postmarked)

Application Fee - \$55 (U.S. dollars only)

The accuracy, completeness, and neatness of your application are determining factors in our admission decision. Send all materials together at one time. Do not insert your application package into a binder of any kind. Applicants are encouraged to apply as early as possible. Delaying application until the final deadline may reduce your chance for admission due to our rolling admissions process. **The admissions committee will not evaluate an incomplete application.** Failure to submit a complete or accurate application may result in disqualification for admission or dismissal from the program.

Applications may also be submitted online at: <http://www.pacificu.edu/admissions/grad/optometry/application/index.cfm> If you apply online, send all of your supplemental materials (transcripts, evaluations, etc) in a separate, complete packet.

☐ **1. Application Form** - Type or print clearly all information requested on the optometry application forms. A separate application to the University is **not** required. *Applicants are encouraged to submit their materials early.* Your signature is required to validate the information you provide.

☐ **2. Transcripts** - Obtain one sealed, official transcript with all current grades from each college, university and graduate school you have attended. **Do not open this transcript.** Place the sealed transcript in the application packet which you submit to Pacific University. A final transcript of any course(s) in progress will be required, including graduation verification if applicable, before an admitted student will be permitted to enroll in the College of Optometry.

☐ **3. Evaluation Forms and Letters of Evaluation** - Secure two letters of evaluation from individuals who know you well and can comment objectively about your qualifications.

- One evaluation must be from an optometrist.
- Second evaluation must be from a professor that has taught you in college. Note that a pre-professional committee evaluation will be considered as one letter of evaluation.

Distribute the evaluation forms to each person recommending you. Ask the evaluator to complete the evaluation form and enclose it with their evaluation letter in an envelope, sign it across the envelope seal, and return the envelope to you. Include these envelopes, with the seals unbroken and the signatures intact, with your application materials. We encourage you to begin the process of gathering letters of evaluation early. All recommendations should be from non-relatives.

☐ **4. Essays** - Respond carefully to each essay as instructed in the application. Through the essay questions we are trying to assess your knowledge of and motivation towards pursuing the profession of optometry, and learn something about you. Please make sure your name is on each page of the essay.

☐ **5. Prerequisite Worksheet and Bachelor's Degree Option Section** - The prerequisite worksheet must be carefully, accurately and thoroughly completed or the file will not be processed. Science coursework completed in the last 7 years only will meet the prerequisite requirements. *The bachelor's degree option section is to be completed only by applicants who will not have a bachelor's degree when they begin classes at Pacific University College of Optometry.*

☐ **6. GPA Calculation Form** - Calculate your Science, Last "45" Semester hours, and Cumulative GPAs on the form provided. Except for the Last "45" Semester hours (68 Quarter hours)GPA, include both the original grade(s) and the grade(s) from the repeated course(s) even if your institution does not include these grades in their GPA calculations. Record your GPAs within the application and submit the GPA calculation form with the application. Misrepresentation or miscalculation of your GPAs will result in disqualification of your application.

☐ **7. Optometry Admission Test (OAT)** - The OAT is required. **Applicants for Fall 2008 must take the OAT by March 1st, 2008 in order for your application to be considered.** Request your test results be made available to the Office of Admissions at Pacific University. Only scores from OAT tests taken within the last three years are acceptable.

8. Observation - Applicants are required to complete a minimum of 30 hours of unpaid, volunteer observation with an optometrist prior to application. **Do not include paid hours employed either as an optician or as part of an optometry office.** All observation hours must be with a non-relative optometrist. A variety of optometry settings is **strongly** encouraged (e.g., solo, private, group, HMO, hospital, VA, corporate, co-management, military, etc). *Additional* observation hours with optometrists or ophthalmologists are encouraged.

9. Application Fee - Submit a **non-refundable** application fee of \$55 (U.S. dollars only). Make the check payable to *Pacific University*. If someone *other* than you wrote the check, please include your name on the check. If you have an Alumni Fee Waiver, please include the name, mailing address and year of graduation of the sponsoring alumnus on the top of your application form.

10. Re-applicants - Submit a new application packet which includes the following:

- the completed application and fee
- two current or updated letters of evaluation, with **one from an optometrist** and one from an academic source
- responses to the Fall 2008 essay questions and the re-applicant essay question
- an updated prerequisite worksheet, GPA calculation form, and observation hours
- official transcripts for course work completed since the last application was submitted
- any newly completed OAT test scores

SEND COMPLETED APPLICATION TO:

***Office of Admissions - HPC
Pacific University
2043 College Way
Forest Grove, OR 97116***

**PACIFIC UNIVERSITY
COLLEGE OF OPTOMETRY
FALL ENTRY 2008
APPLICATION FOR ADMISSION**

Type or print clearly in black or blue ink.

NAME _____
Last First Middle Preferred Name

Names that may appear on transcripts (if different) _____

Current Address (Until date: _____) _____
Street Apartment Number

City State/Province Zip/Postal Code Country

() ()
Home Telephone with area code Cell Telephone with area code E-mail

Permanent Address _____
Street Apartment Number

City State/Province Zip/Postal Code Country

() ()
Home Telephone with area code Cell Telephone with area code E-mail

PERSONAL DATA

Social Security Number _____ Date of Birth (Month/Day/Year) _____

Legal State of Residence _____ Place of Birth (Country) _____

Are you a citizen of the United States? Yes No If no*, of which country are you a citizen? _____

Have you attended Pacific before? Yes No When? _____

Have you applied to Pacific University College of Optometry before? Yes No When? _____

Have you ever been dismissed or suspended from any school or college? Yes No (If yes, explain on a separate sheet.)

How did you first hear of Pacific University? _____

Who or what influenced you to apply? _____

Have you applied to other Colleges of Optometry? Yes No If yes, list the programs to which you have applied or intend to apply:

NON-CITIZENS

What type of visa do you currently hold? _____

(Students holding an immigrant/resident visa should include a copy of their visa card with the application. This is for planning purposes only; a visa is not required at this time.)

Test of English as a Foreign Language (TOEFL) Date _____ Score _____
(Official TOEFL scores required - minimum paper-based test score of 600 or minimum computer-based test score of 105.)

OPTOMETRY OBSERVATION

Applicants are required to complete a **minimum of 30 hours of unpaid, volunteer observation with an optometrist** prior to application. All observed hours must be with a non-relative. *Include all hours observed if over 30 hours. Do not include paid hours* employed either as an optician or as part of an Optometry Office. A variety of optometry settings is encouraged (e.g., solo, private, group, HMO, hospital, VA, corporate, co-management, military, etc). No official documentation is required, but optometrists may be contacted to confirm hours observed.

From Mo/Yr	To Mo/Yr	Name of Optometrist (s) or Organization	Description of Practice (e.g., solo, partnership, optical corporation)	Total Hours of Observation

WORK EXPERIENCE

List employers from the present back to the date of college entrance, or the last ten years. Separate summer employment from school term employment even if it is from the same employer.

From Mo/Yr	To Mo/Yr	Employer	Position	Hrs per Week	Attending School? Yes or No

ACTIVITIES

List the principal activities (college or community) in which you have participated. Indicate any leadership positions held. You may also list special interests or languages (spoken/written) other than English.

AWARDS/HONORS

List awards, honors, or scholarships received in college. Attach a description which further explains the type of award, honor, or scholarship.

This College subscribes to the ethics and moral code that characterize professionalism and feels that academic honesty is fundamental to the intellectual enterprise. Professional conduct, including academic honesty, is the expectation of all students. When a student applies for admission, the student agrees to these principles.

I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to members of the Admissions Committee, including faculty and staff.

I affirm that all the information contained in my application is factually correct and honestly presented.

Signature _____

Date _____

ESSAYS

All applicants: Respond carefully to each essay question on separate sheets of paper.

Please make sure your name is on every page.

1. Describe your optometry observation experiences and how they influenced your choice to pursue the profession of optometry.
2. Write about the most pressing current issue facing optometrists as healthcare providers. Please identify the issue and justify why you selected it.
3. If you have visited Pacific University, please tell us what about your visit made a lasting impression on you. If you have not visited Pacific University, describe the steps you have taken to familiarize yourself with our program and what provided the most lasting impression.
4. Tell us about an experience that shaped you, how it affected you and how it will influence you as an optometry student and an optometrist.
5. *Optional: Feel free to share with us additional information that will help us to evaluate your application for admission.*

FOR RE-APPLICANTS ONLY (In addition to the above questions):

What have you done to make yourself a stronger applicant?

PACIFIC UNIVERSITY
COLLEGE OF OPTOMETRY
FALL 2008
GPA CALCULATION FORM

Name _____

READ THE DIRECTIONS CAREFULLY

Your application for admission will not be reviewed if this worksheet is incomplete.

Note: if your institution uses a different grading system, complete the tables below to the best of your ability and attach an explanation of your work and calculations.

Hour Conversion Table

Quarter Hours	Semester Hours
1	x 0.667= 0.667
2	x 0.667= 1.33
3	x 0.667= 2.00
4	x 0.667= 2.67
5	x 0.667= 3.33

- Convert all quarter hours to semester hours *before* calculating your GPAs.
- Use transcripts from each college and university.
- To calculate GPAs that include "repeated" courses, use both the original grade(s) received and the grade(s) from the repeated course(s) (even if your institution does not include these grades in their GPA calculation).
- Science GPA - Compute your GPA including all general science, biology, chemistry, physics and statistics courses you have completed. Courses taken in a physical education department (i.e. exercise physiology) or other non-science departments (computer science) should not be used. **You must include both grades for any repeated courses.**
- Last "45" Hours GPA - Compute your GPA for the most recent 45 semester hours (68 quarter hours). Do not break up semesters. If you do not have exactly 45 hours, calculate a *minimum 45 hours*. **This "45" hours must be consecutive. If you repeated a course, include both grades "only" if both grades occurred in the last 45 semester hours.**
- Cumulative GPA - Compute your GPA for all courses completed. **You must include both grades for any repeated courses.**

Calculate your GPAs in the space provided below and transfer your totals to the application form.

SCIENCE GPA				LAST 45 HOURS GPA (68 QUARTER HOURS)				CUMULATIVE GPA			
GRADE	HOURS	X	= POINTS	GRADE	HOURS	X	= POINTS	GRADE	HOURS	X	= POINTS
A		x 4.0		A		x 4.0		A		x 4.0	
A-		x 3.7		A-		x 3.7		A-		x 3.7	
B+		x 3.3		B+		x 3.3		B+		x 3.3	
B		x 3.0		B		x 3.0		B		x 3.0	
B-		x 2.7		B-		x 2.7		B-		x 2.7	
C+		x 2.3		C+		x 2.3		C+		x 2.3	
C		x 2.0		C		x 2.0		C		x 2.0	
C-		x 1.7		C-		x 1.7		C-		x 1.7	
D+		x 1.3		D+		x 1.3		D+		x 1.3	
D		x 1.0		D		x 1.0		D		x 1.0	
D-		x 0.7		D-		x 0.7		D-		x 0.7	
F		x 0		F		x 0		F		x 0	
W or Equivalent		N/A	N/A	W or Equivalent		N/A	N/A	W or Equivalent		N/A	N/A
Total Hours=		Total Points=		Total Hours=		Total Points=		Total Hours=		Total Points=	
Total Points ÷ Total Hours = GPA				Total Points ÷ Total Hours = GPA				Total Points ÷ Total Hours = GPA			

III. Please mark this scale for the applicant, based upon your previous experience with college students/optometry school applicants; if *unable to judge*, please \surd box.

Specific Characteristics	Below Average	Fair	Good	Very Good	Exceptional	Unable to Judge
	Lower 50%	Top 50%	Top 25%	Top 10%	Top 5%	
Past academic achievement	-----					<input type="checkbox"/>
Future academic potential	-----					<input type="checkbox"/>
Motivation for optometry as a career	-----					<input type="checkbox"/>
Oral communication skills	-----					<input type="checkbox"/>
Written communication skills	-----					<input type="checkbox"/>
Critical thinking skills	-----					<input type="checkbox"/>
Ethical values/integrity	-----					<input type="checkbox"/>
Potential for success as a health care professional	-----					<input type="checkbox"/>

IV. Please respond (\surd):
 Confidence of Evaluator to complete this Form:
 ___ Low ___ Sufficient ___ High

V. On the basis of this evaluation, this candidate is (\surd):
 ___ Not Recommended
 ___ Recommended with reservation
 ___ Recommended
 ___ Strongly Recommended
 ___ Highest Possible Recommendation

Name (print): _____ *Signature of Evaluator:* _____

Occupational title: _____ Employer: _____

Complete Address: _____ Phone: _____

_____ Date: _____

E-mail: _____ Alumni of: _____ Year Graduated: _____

Thank you. Please return the completed evaluation form with letter in a sealed envelope to the applicant. Please sign your name across the seal. The applicant is responsible for submitting the evaluation with the completed application packet.

III. Please mark this scale for the applicant, based upon your previous experience with college students/optometry school applicants; if *unable to judge*, please \surd box.

Specific Characteristics	Below Average	Fair	Good	Very Good	Exceptional	Unable to Judge
	Lower 50%	Top 50%	Top 25%	Top 10%	Top 5%	
Past academic achievement	-----					<input type="checkbox"/>
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Motivation for optometry as a career	-----					<input type="checkbox"/>
Oral communication skills	-----					<input type="checkbox"/>
Written communication skills	-----					<input type="checkbox"/>
Critical thinking skills	-----					<input type="checkbox"/>
Ethical values/integrity	-----					<input type="checkbox"/>
Potential for success as a health care professional	-----					<input type="checkbox"/>

IV. Please respond (\surd):
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 ___ Not Recommended
 ___ Recommended with reservation
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 ___ Highest Possible Recommendation

Name (print): _____ *Signature of Evaluator:* _____

Occupational title: _____ Employer: _____

Complete Address: _____ Phone: _____

_____ Date: _____

E-mail: _____ Alumni of: _____ Year Graduated: _____

Thank you. Please return the completed evaluation form with letter in a sealed envelope to the applicant. Please sign your name across the seal. The applicant is responsible for submitting the evaluation with the completed application packet.

**PACIFIC UNIVERSITY
COLLEGE OF OPTOMETRY
FALL 2008
OPTIONAL INFORMATION**

Name: _____

*Items below do not have any bearing on the admission decision
and are used for statistical purposes only.*

GENDER Male Female

MARITAL STATUS Single Married Other

RACE/ETHNICITY (check one)

- Black or African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (non-Hispanic)
- Other _____