MDQM and ORCA
Orthopedic Degree
APPLICATION

(For the online application, go to www.grace.edu/applynow. No application fee if you apply online)
INSTRUCTIONS

After all four parts to your application have been completed and received in our enrollment office, your application will be reviewed by the Admissions Committee.

The following two parts are to be completed and submitted by the applicant to:
The OrthoWorx Center for Excellence in Orthopaedics at Grace College
ATTN: Allyn Decker
200 Seminary Drive
Winona Lake, Indiana  46590
855.267.6722

- Application
- Résumé

The following two parts are to be completed and/or requested and submitted by the appropriate persons or institutions:

- Personal Reference. Complete the top portion of the form and forward it to a qualified individual (not a relative) who knows you well. It will be returned by your reference person directly to the ORCA Program Office.
- Transcripts. All applicants must submit official transcripts from all post-secondary institutions which they have attended. The transcripts must come directly from the school and sent to the address above.

DISCRIMINATION POLICY

Grace admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Grace does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Grace is committed to compliance with Title IX of the Federal Education amendments of 1972, except as claimed in religious exemption.

Grace does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities as specified by applicable federal laws and regulations.
GENERAL INFORMATION

Date of Application _____________________            Anticipated Enrollment Year __________    Term  ○ Spring  ○ Summer  ○ Fall

For which program do you wish to enroll?  ○ MS Orthopaedic Regulatory & Clinical Affairs  ○ MS Medical Device Quality Management

Name _________________________________________________________________________________________________________________________________

Last         First         Middle    Maiden (if applicable)

Mailing Address _______________________________________________________________________________________________________________________

Street         City        State    Zip Code

Email ___________________________________________________________

Home Phone ____________________________________________________   Work phone ______________________________________________________

Social Security Number _______________________________________        Citizenship: Permanent resident of U.S.?  ○ Yes  ○ No

Gender:  ○ Male  ○ Female                Date of Birth ______________________________________

Employer ____________________________________________________  Job Title/Position ________________________________________________________

OPTIONAL (but helpful for office use)

City and State of Birth _________________________________________________________________________

Ethnic/Racial Background:  ○ African-American/non-Hispanic American  ○ Native American  ○ Alaskan Native

○ Asian/Pacific Islander   ○ Hispanic  ○ White/non-Hispanic  ○ Other

List any chronic illness or disability that would require special accomodations _______________________________________________________________

_______________________________________________________________________________________________________________________________________

EDUCATIONAL INFORMATION

Graduate Program for Orthopaedic Regulatory and Clinical Affairs

Have you previously attended Grace College?  ○ Yes  ○ No    If yes, please list the dates attended ______________________________________

If yes, we will require your transcript from the Grace College registrar.

Other colleges/universities attended

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Do you wish to receive information about financial aid?  ○ Yes  ○ No

If yes, complete the Free Application for Federal Student Aid (FAFSA). Priority deadline is March 1; code for Grace College is 001800.

For financial aid information, contact the office of Financial Aid at 800.544.7223 ext. 6162.
By submitting this application you are agreeing to abide by the following Grace College School of Adult and Community Education Student Pledge while on our campus or engaged in Grace activities.

The Grace College School of Professional & Online Education Student Pledge

I agree to show respect for the faith commitment that Grace practices and agree to abide by certain of the institution’s community guidelines while on campus or engaged in Grace activities (i.e. avoidance of disrespecting others, open displays of sexual behavior, illegal drugs, gambling, coarse or obscene language, tobacco, alcoholic beverages, and such conduct). I certify that all my answers on this application are complete and true to the best of my knowledge. Furthermore, I understand that falsifying any part of this application could result in a failure to be admitted or registered.

Signature __________________________________________________________ Date __________________________

Please submit a $30 nonrefundable fee with this application. Make checks payable to Grace College. There is no application fee if you apply online.

Return this application to the address below:

   The OrthoWorx Center for Excellence in Orthopaedics at Grace College
   ATTN: Allyn Decker
   200 Seminary Drive
   Winona Lake, IN 46590