



MASTER OF SCIENCE

Integrative Human Physiology

***A HYBRID ONE-YEAR CONCENTRATED STUDY OF HUMAN
PHYSIOLOGY, HEALTH, AND DISEASE***

***Increase skills and knowledge of human physiology and enhance
likelihood of acceptance into post-baccalaureate professional
healthcare programs***

Projected Course of Study: Total Credits = 45

Quarter	Courses
Fall	IHP 551 Metabolism – Metabolic Disease – Neuromuscular Physiology (5) IHP 557 Research Design (4) IHP 564 Gross Human Anatomy (Cadaver Dissection) (2) IHP 595 Graduate Research (Metabolism-Metabolic Disease) (2) IHP 700 Examinations (Metabolism-Metabolic Disease and Research Methods): (2)
Winter	IHP 552 Cardiopulmonary Physiology and Diseases (5) IHP 556 Ergogenic Aids (3) IHP 560 - Inferential Statistics (4) IHP 595 Graduate Research (Cardiopulmonary Disease) (2) IHP 700 - Examination (Cardiopulmonary Physiology-Diseases and Statistics) (2)
Spring	IHP 553 Laboratory Techniques in Stress Physiology (5) IHP 575 Musculoskeletal Biomechanics (3) Elective (2) (by advisement) – possibly additional cadaver dissection IHP 595 Graduate Research (Kinesiology-Mechanics) (2) IHP 700 - Examination (Kinesiology-Biomechanics) (2)



Application Package

Master of Science

Integrative Human Physiology

One-Year Program

Requirements:

- **Completed Baccalaureate degree in Clinical-Human Physiology, Physiology of Exercise, Exercise Science, Biology, Kinesiology, Health Sciences, , Chemistry, Nutrition.**
- **GPA 3.0 (last 90 credits)**
- **Three letters of recommendation - at least two - from professors in science based classes.**
- **A written statement of purpose: max. 500 words, a clear, informative letter about your interest in graduate study, your career goals, and academic preparation (template attached)**

Application Checklist:

The following checklist will walk you through all steps of your application for the One-Year Master of Science in Integrative Human Physiology program.

- 'Application for Graduate Admission'** form (see attachment) or online: <http://www.cwu.edu/admissions/apply>

- A **'Statement of Objectives'** (max. 500 words) that answers the following questions:
 - How you will apply the knowledge to your future profession?
 - How well-prepared are you academically and personally to take on the challenges of graduate school?

- Official transcripts of your undergraduate degree. Electronic submission to masters@cwu.edu will be accepted!

Statement of Objectives

Answer the following questions with one paragraphs each (total of 500 words for all questions combined):

- How you will apply the knowledge to your future profession

- How well-prepared are you academically to take on the challenges of graduate school?

- How well prepared are you personally to take on the challenge of graduate school?



Central Washington University

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SCHOOL OF GRADUATE STUDIES AND RESEARCH

400 East University Way • Ellensburg WA 98926-7510 • (509) 963-3101

Email: masters@cwu.edu • Web: www.cwu.edu/masters

For Accommodation E-mail: DS@cwu.edu

\$75.00 non-refundable application fee

APPLICATION FOR GRADUATE ADMISSION

1a. Quarter: _____ 1b. Location: () Ellensburg () CWU Online Programs

1c. Program Code _____ 1d. Specialization _____

PERSONAL DATA

2. Name (first/middle/last)		3. Former Name: (if previous academic records are under another name)		4. Social Security Number:	
5a. Preferred Mailing Address: Number/Street _____ City/State/Zip _____ County (if WA State address) _____				6a. Home Phone: (include area code)	
				6b. Cell Phone: (include area code)	
5b. Permanent Mailing Address: Number/Street _____ City/State/Zip _____ County (if WA State address) _____				6c. Email:	
				7. Gender: () Male () Female	
8a. Birth date: Birthplace: _____	8b. Washington Resident? () Yes () No	8c. Length of latest residence in WA:	8d. State of Residency if not WA Resident:		
9a. Country of Citizenship if not U.S.A.		9b. If you are not a U.S. Citizen, do you hold a permanent resident card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If you do not hold a permanent resident (Green Card), have you resided in Washington State for the three (3) years immediately prior to receiving a high school diploma and have you completed a full senior year in a Washington High School? () Yes () No					
11. Do you qualify for the Deferred Action for Childhood Arrivals ("DACA")? () Yes () No					
12a. Are you a Veteran? () Yes () No					
12b. Are you a spouse or dependent of a veteran who has become totally disabled, is missing in action or lost his or her life while engaged in active military or naval duty? () Yes () No					
13a. Are you an employee of Washington State? () Yes () No () CWU () Other					
13b. Do you plan to use your state tuition waiver? () Yes () No					
13c. Is your spouse and/or parent a Washington State Employee? () Yes () No					
13d. Does your parent and/or spouse work at Central Washington University? () Yes () No					

RACIAL AND ETHNIC INFORMATION (This information is being requested on a voluntary basis and will remain confidential.)

14. Ethnic Origin (required for state and federal statistics, not used in admission decision.) What race do you consider yourself?

_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

15. List all colleges/universities in order of attendance. Do not exclude or omit any colleges, regardless of how many credits you earned or the nature of the program in which you enrolled.

Institution	City/State/Zip	Dates	Degree(s)	Major/Minor
1. _____	_____	from _____ to _____	_____	_____
2. _____	_____	from _____ to _____	_____	_____
3. _____	_____	from _____ to _____	_____	_____
4. _____	_____	from _____ to _____	_____	_____
5. _____	_____	from _____ to _____	_____	_____
6. _____	_____	from _____ to _____	_____	_____
7. _____	_____	from _____ to _____	_____	_____
8. _____	_____	from _____ to _____	_____	_____
9. _____	_____	from _____ to _____	_____	_____
10. _____	_____	from _____ to _____	_____	_____

RECOMMENDATION PROVIDER LIST

16. Please list the names of your references for Letters of Recommendation (include supervisor, if employed and one or two college instructors):

Name	City/State/Zip	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

17. I certify that, to the best of my knowledge, all of the above statements are true and complete. I understand that the application fee is nonrefundable and that submitted records and letters of recommendation will not be returned, copied for me, or forwarded. I also understand that I may apply to only one program at a time. I agree to abide by the University policies as stated in the CWU catalog.

Signature of Applicant _____ Date _____

Central Washington University's policies and practices affirm and actively promote the rights of all individuals to equal opportunity in education and employment without regard to their race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, disability, or status as disabled or Vietnam era veterans. Central Washington University complies with all applicable federal, state, and local laws, regulations and executive orders. Direct related inquiries to Office of Equal Opportunity, Bouillon Hall 203, Ellensburg, WA 98926. Telephone 509-963-2206 or (for hearing impaired) E-mail: farmer@cwu.edu.

