

UNIVERSITY *of* INDIANAPOLIS®

Registration Form: PeriOperative Management Certificate

Graduate Nursing Programs
1400 East Hanna Avenue
Indianapolis, Indiana 46227
(317) 788-2128 / 1-800-232-8634
Fax: (317) 788-3542

Personal Information

Full Legal Name _____ (Preferred name: _____)
(Last) (First) (M.I.)

Maiden or Previous Name _____

Home Address _____

City _____ State _____ Zip Code _____ County _____ Country _____

Home Telephone (_____) _____ Cell Phone (_____) _____

E-mail Address _____ Sex: Female Male

Social Security Number (required if filing for financial aid) _____ Birth Date (optional) _____

Country of Citizenship _____ If not United States, status: _____

Optional: The University is required to supply ethnic information to the United States government. This information is not used in the admission process, but it is the applicant's option to supply. Please mark the appropriate category:

Ethnic Origin: Hispanic Asian or Pacific Islander Black, Non-Hispanic Multiracial
 American Indian/Alaska Native White, Non-Hispanic Other _____

Education

Have you ever attended any campus of the University of Indianapolis? Yes No Dates of Attendance: _____

College undergraduate degree received from: _____ Year: _____

"X" YOUR CHOICE	COURSE NUMBER	SECTION	CREDIT HOURS	SEMESTER OFFERED	TITLE OF COURSE	TUITION FOR EACH COURSE
	NUGR 568		4	Semester I (Aug.–Dec.)	Leadership and Management	\$1,600
	NUGR 571		3	Semester II (Jan.–May)	Budget in Health-care Organizations	\$1,200
	NUGR 573		3	Summer (May–Aug.)	Management of Patient Care Services	\$1,200

(continued)

- Note:**
- If you withdraw from any course(s) after the start of classes, the course(s) will appear on an official transcript with a grade of “W” and full tuition will be charged for the course(s).
 - You will be dropped automatically from enrollment in a course if payment is made with insufficient funds.
 - You will not be dropped from enrollment for non-attendance or non-participation; however, non-attendance/non-participation will result in a grade of “F” for the course.

How did you hear about our nursing program?

- AORN Web site AORN e-mail/ mailing/ conference Radio Print ad (source _____)
 At the hospital where I work Other _____

Applicant's Statement

I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that, as a non-degree student, I am not eligible for the Student Insurance and Health Service programs.

Signature of Applicant _____ Date _____

Return completed form to:
Graduate Program in Nursing
c/o Tondra Crum
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227

If you need special accommodations with the application process, please contact the Graduate Nursing Office, Tondra Crum “TC” at tcrum@uindy.edu or (317) 788-2128.