

UNIVERSITY *of* INDIANAPOLIS®

Office of Admissions
1400 East Hanna Avenue
Indianapolis, Indiana 46227

Application for Admission: Accelerated Master's Program Nursing & Health Systems Administration

Nonrefundable application fee: \$25

Personal Information

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

Maiden or Previous Name _____

Street Address _____

City _____ State _____ Zip Code _____ County _____ Country _____

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

E-mail Address _____

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

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

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

Employment Information

If you are employed, please indicate: Full-time Part-time
Employer Name: _____
Employer Address: _____
Position: _____ Work Phone: _____

Requested Date of Enrollment

Term *Year* *Term* *Year* *Check one:*
 Semester I (August) _____ Summer I (May) _____ Full-time (12 hours or more)
 Semester II (January) _____ Summer II (June) _____ Part-time (less than 12 hours)
 Other (*list month and year*) _____ Day Classes
 Evening Classes

OFFICE USE ONLY

Decision Code _____ Adm. Couns. _____

(continued)

Please complete fully the following regarding all college courses you have taken:

| Office Use Only | Name(s) of ALL Colleges/ Universities Attended/Attending | Location (City and State) | Dates Attended/Attending | Degrees Earned |
|-----------------|---|---------------------------|--------------------------|----------------|
| #1. | _____ | _____ | _____ | _____ |
| #2. | _____ | _____ | _____ | _____ |
| #3. | _____ | _____ | _____ | _____ |
| #4. | _____ | _____ | _____ | _____ |

You must request that official copies of all college transcripts be mailed directly to the Office of Admissions.

Please answer the following questions for each college listed above:

| | Credit Hours Attempted | Earned Grade Point Average |
|------------|------------------------|----------------------------|
| College #1 | _____ | _____ |
| College #2 | _____ | _____ |
| College #3 | _____ | _____ |
| College #4 | _____ | _____ |

Applicant's Statement

I certify that the information given on this application is complete and accurate to the best of my knowledge and that I am attending or have attended no college or university other than those listed. I understand that all transcripts and other documents submitted to the University of Indianapolis in support of my application become the property of the University of Indianapolis and will not be returned to me. I further understand that any material misrepresentation of any information on this form will render me subject to immediate dismissal from this University. I hereby apply for admission, and, if accepted and enrolled, agree to respect the ideals and comply with the regulations of the University of Indianapolis.

Signature of Applicant _____ Date _____

Please provide any additional information (e.g., personal statement, disclosure of a disability, letters of recommendation, etc.) that you would like the admissions committee to consider when reviewing your application for admission. *(Attach separate sheet if necessary.)*

Please enclose the required \$25 application fee or appropriate fee waiver request and forward with this form to the Office of Admissions at the address indicated. The application fee pays for a portion of the processing and evaluation expense only and is 100 percent nonrefundable. Please make check or money order payable to the University of Indianapolis.

The University of Indianapolis accepts qualified applicants for admission without regard to race, color, sex, sexual orientation, age, religion, creed, or ethnic or national origin. It furthermore does not discriminate on any such basis in the administration of its programs and makes all programs available to the physically challenged. The graduation rate for full-time students entering the University in the fall of 2000 was 50 percent.

If you need special accommodations with the application process, please contact the Office of Admissions.

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Office of Admissions
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Indianapolis, Indiana 46227-3697
(317) 788-3216 / 1-866-421-7173
Fax: (317) 788-3300
<http://admissions.uindy.edu>