

DIAGNOSTIC MEDICAL SONOGRAPHY

APPLICATION FOR ADMISSION

University of Southern Indiana
College of Nursing and Health Professions
8600 University Boulevard
Evansville IN 47712

Application deadline
September 15



PERSONAL INFORMATION

Name _____
LAST FIRST MI MAIDEN

SSN or USI Banner ID _____ Date of Birth _____

Email Address _____

Local Address _____

City _____ State _____ Zip Code _____

Local Phone Number _____ Cell Phone Number _____

Permanent Address (if different from local address) _____

City _____ State _____ Zip Code _____

Permanent Phone Number _____

EDUCATION

Institution	Major	Start Date	End Date

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you ever been on probation, suspended, dismissed from, or refused admission to any college or university? Yes ___ No ___
2. Have you ever been convicted of a crime (misdemeanor or felony)? Yes ___ No ___

If you answered yes to either question, please write a complete explanation and attach it to application.
Failure to comply will void this application.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM ADMISSIONS COMMITTEE TO REVIEW AND VERIFY MY APPLICATION AND ACADEMIC RECORDS.

Signature Date

Important note: Application without signature and date will not be accepted.