

# UNIVERSITY *of* INDIANAPOLIS®

School for Adult Learning

1400 East Hanna Avenue, Esch Hall Room 112

Indianapolis, IN 46227

(317) 788-3393 / 1-800-232-8634

E-mail: [sal@uindy.edu](mailto:sal@uindy.edu) / <http://sal.uindy.edu>

## APPLICATION FOR UNDERGRADUATE ADMISSION

**Accelerated Programs**  
**Extended Programs**

### Personal Data

*Please type or print*

Social Security Number (optional): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Legal Name (last, first, and middle initial): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden or Previous Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Are you the spouse or dependent child of a University of Indianapolis full-time faculty or staff member?  Yes  No

### Employment Information

If you are presently employed, please indicate:  Full-time  Part-time

Does your employer offer tuition reimbursement?  Yes  No

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Demographic Data

Are you 24 years of age or older?  Yes  No

Sex:  Male  Female

Citizen of USA:  Yes  No

Marital Status:  Single  Married

#### Ethnic Origin (check one):

- | Code                       | Ethnic Origin                  |
|----------------------------|--------------------------------|
| <input type="checkbox"/> I | American Indian/Alaskan Native |
| <input type="checkbox"/> O | Asian or Pacific Islander      |
| <input type="checkbox"/> B | African-American               |
| <input type="checkbox"/> H | Hispanic                       |
| <input type="checkbox"/> W | White, Non-Hispanic            |
| <input type="checkbox"/> X | Other: _____                   |

#### Religion Preference (check one):

- | Code                        | Preference                      |
|-----------------------------|---------------------------------|
| <input type="checkbox"/> MN | United Methodist IN North Conf. |
| <input type="checkbox"/> MS | United Methodist IN South Conf. |
| <input type="checkbox"/> MO | United Methodist Other          |
| <input type="checkbox"/> EP | Episcopal                       |
| <input type="checkbox"/> BT | Baptist                         |
| <input type="checkbox"/> JE | Jewish                          |
- | Code                           | Preference              |
|--------------------------------|-------------------------|
| <input type="checkbox"/> PB    | Presbyterian            |
| <input type="checkbox"/> RC    | Roman Catholic          |
| <input type="checkbox"/> UC    | United Church of Christ |
| <input type="checkbox"/> NA    | Nazarene                |
| <input type="checkbox"/> BLANK | No Preference           |
| <input type="checkbox"/> XX    | Other: _____            |

### Enrollment Information

#### Requested Date of Enrollment

- | Semester                          | Year         | Semester                           | Year         |
|-----------------------------------|--------------|------------------------------------|--------------|
| <input type="checkbox"/> Term I   | (Aug.) _____ | <input type="checkbox"/> Summer I  | (May) _____  |
| <input type="checkbox"/> Term II  | (Jan.) _____ | <input type="checkbox"/> Summer II | (June) _____ |
| <input type="checkbox"/> Term III | (May) _____  |                                    |              |

- Check One:  Full-time (12 hours or more)  
 Part-time (Fewer than 12 hours)  
 Accelerated Programs  
 Extended Programs

(over)

## High School Data (all students)

High school last attended: \_\_\_\_\_ Date graduated: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 General Education Development Test (GED):  Yes  No

## Programs (check one code)

### College of Arts & Sciences

#### Baccalaureate Programs:

- HIST History  
 PSYC Psychology  
 ENG English

#### Associate Programs:

- ALAW Law Enforcement

### School of Business

#### Baccalaureate Programs:

- ECON Economics and Finance  
 IS Information Systems  
 MOT Management  
 MKTG Marketing

#### Associate Programs:

- ABAD Business Administration

### School for Adult Learning

- ORGL Organizational Leadership  
 LBST Liberal Studies  
 ALIS Associate in Life Sciences

### Krannert School of Physical Therapy

#### Associate Program:

- PTA Physical Therapist Assistant

## College Data

Name(s) of ALL Colleges/ Universities Attended/Attending	Location: City & State	Dates Attended/Attending	Degrees Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Are you now attending another college or university?  Yes  No

Please answer the following questions for each college listed above:

Credit Hours Attempted	Earned Grade Point Average	Are you in good academic standing?	Degrees Earned
College #1 _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College #2 _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College #3 _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College #4 _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a registered nurse?  Yes  No

Are you enrolling in the University of Indianapolis as a transient (guest) student?  Yes  No

Have you ever been on academic or social probation, suspended, expelled, or refused readmission to any college or university?  Yes  No

If you answered "Yes," please enclose a written explanation.

## Applicant Statement (all students)

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 enclose the required \$20 application fee** or appropriate fee waiver request and forward with this form to the School for Adult Learning. The application fee pays for a portion of the processing and evaluation expense only and is **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 program and makes all programs available to the physically challenged. Graduation rate information is available to anyone upon request.*