

**APPLICATION FOR ADMISSION  
CHICAGO STATE UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
HEALTH INFORMATION ADMINISTRATION**

(All information is to be clearly printed)

I hereby apply for admission to the program of: \_\_\_\_\_ For Class beginning: Yr. 20\_\_\_\_\_

Health Information Administration (HIA)  
 Health Information Administration Certificate (HIA) \*requires Graduate School Application

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Social SSN or CSU ID \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name:  Mr.  Ms. \_\_\_\_\_

(Last) (First) (Middle) (Maiden)

Present Mailing: \_\_\_\_\_

(Street) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

Permanent Address: \_\_\_\_\_  
(If different from above) (Street) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name Telephone Relationship

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The following information will not affect your admission status, but will assist us in preparing reports for state and federal agencies.

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizenship:  Yes  No Sex:  M  F Height: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

No. of Dependents \_\_\_\_\_

What is your ethnic or racial group?

<input type="checkbox"/> Nonresident Aliens	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Race/ethnicity UNKNOWN	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Hispanics of ANY race	<input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaska native	<input type="checkbox"/> 2 or more races
<input type="checkbox"/> Asian	

**EDUCATIONAL EXPERIENCE:**

**Name:** \_\_\_\_\_

Last high school attended:

\_\_\_\_\_  
(Name) (City) (State) (Zip) (Last grade completed/date of graduation)

Last previous attendance at Chicago State University: from \_\_\_\_\_ to \_\_\_\_\_

List all colleges, secondary schools, and universities attended:

Name City State Zip From To Major Degree

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK RELATED EXPERIENCE:** Please list all jobs you have had or currently have. Use an additional sheet of paper if necessary.

**Organization:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Dates:** from \_\_\_\_\_ to \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Dates:** from \_\_\_\_\_ to \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Dates:** from \_\_\_\_\_ to \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY/VOLUNTEER EXPERIENCE:**

**Name:** \_\_\_\_\_

Please list all experiences you have had or currently have. Use an additional sheet of paper, if necessary.

**Organization:** \_\_\_\_\_ **Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Dates:** from \_\_\_\_\_ to \_\_\_\_\_

**Position/Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Organization:** \_\_\_\_\_ **Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_ **Dates:** from \_\_\_\_\_ to \_\_\_\_\_

**Position/Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**REFERENCES:** Please list three references (one personal (non-family), one present or former employer, and one academic) who will submit recommendations for you.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization, if applicable:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization, if applicable:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization, if applicable:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

How did you learn about the Program at Chicago State University? \_\_\_\_\_

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**ESSAY:**

Compose a brief essay of **200-400 words, typewritten**, describing the factors that influenced your decision to enter the HIM profession and your professional aspirations following completion of the program. Please type your essay on a separate sheet.

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**STUDENT WAIVER OF ACCESS TO REVIEW RECOMMENDATION**

I, the student applicant, give my consent to the College to contact the listed supervisors, coordinators and references for recommendations. With full understanding of the confidential nature of each recommendation, I hereby waive my right, present or future, to review these confidential recommendations.

I also certify that all information given in the application is complete and correct.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Note:** The College of Health Sciences does not discriminate on the basis of sex, race, color, religion, national origin.