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# Indiana Dabney University

[www.indianagraduate.com](http://www.indianagraduate.com)

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5217 South Hohman Avenue, Hammond, Indiana 46320  
(219) 932-2100 *Main Campus* (219) 932-1647 *Fax*

## *Application for Admission*

<b>Date:</b>	
<b>Name (Last, First)</b>	
<b>Address  (complete street address)</b>	
<b>Home Phone</b>	( )
<b>Work Phone</b>	( )
<b>Cellular Phone</b>	( )
<b>Email address</b>	
<b>Alternative email address</b>	
<b>Emergency Contact person  (address, phone number and relationship)</b>	
<b>Gender</b>	
<b>Social Security Number</b>	
<b>Date of Birth</b>	
<b>Are you a U.S. Citizen</b>	<i>Yes or No</i>



*List all High Schools and trade schools you have attended.*

<b>Institution Name and Address</b>	<b>Dates Attended and Degrees Earned</b>
1.	
1.	
3.	
4	
5	
6	



<b>Program Applying for Admission</b>	<input type="checkbox"/> ASN Associate of Science Degree in Nursing <input type="checkbox"/> Bachelors of Science in Business Administration <input type="checkbox"/> Masters Degree in Business Administration (MBA) <input type="checkbox"/> Undergraduate Certificate Program (6 classes) Title: _____ <input type="checkbox"/> Graduate Certificate Program (6 classes) Title: _____  www.indianagraduate.com <b>Please check one</b>
<b>Ethnic Background (optional)</b>	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> other <i>(Please List)</i> _____

Will you be applying for any financial assistance? yes no

Will you be applying scholarship funds to offset your tuition cost? yes no

Will your employer pay all or part of your tuition? yes no

Anticipated Enrollment Month \_\_\_\_\_

How did you hear about our academic programs? \_\_\_\_\_

I certify that all the above information is true, without prejudice or misleading information. I further understand and agree to the policies and procedures of Indiana Dabney University, Inc. I further understand that these policies and procedure can change without notice. I also grant permission for my pictures to be used on the website or in printed materials. I further agree to pay in full all fees, including the application fees when due and further authorize this signature to be on file, for use in future credit card authorizations for the payment of fees. I certify that I have received a copy of the catalog and understand that it is update without notice, but made available online and at the campus. I also understand it is my responsibility to read it and abide by its rules, policies and procedures.

**All Students Sign *(Nursing students sign and continue the application)***

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Indiana Dabney University does not consider race, sex, sexual orientation, religion, or national origin in the selection process.**

Currently we are authorized to seek and enroll students in our **(Fully Accredited)** Certificate, Diploma and Degree Programs. Indiana Dabney University and its agents reserve the right to amend this document without notice.



**Questions for Nursing Students Only:**

Have you taken the Nursing Entrance Test (NET)? \_\_\_ Yes \_\_\_ No

Are you licensed or certified in the health care field \_\_\_ Yes \_\_\_ No

If yes, please supply license/certification number and state: (license/certification must be valid)

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List the areas and complete the “Health Care Experience” form. \_\_\_\_\_

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Have you ever been convicted of a felony: If yes explain: \_\_\_\_\_

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**Note: Students are subject to background checks, throughout their academic career at Indiana Dabney University. Students with felony convictions and/or other arrest records are highly encouraged to contact the State Nursing Board to see if this will negatively affect your ability to be licensed as a Nurse. We do not guarantee the State Nursing Boards approval.**

**I understand that IDU School of Nursing admits a limited number of students due to available resources and/or faculty. Although you may meet or exceed the minimum requirements for admission, circumstance may prevent the Nursing Division from admitting all students who meet the admission criteria. Furthermore, it is the student responsibility to provide transportation to all clinical sites. Currently clinical sites are in Indiana and Illinois.**

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**Applicant’s Signature**

**Date**

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