



**Diagnostic Medical Sonography Program Admission Application**

USI Student ID Number \_\_\_\_\_ (Not your Social Security number)

Name \_\_\_\_\_  
Last First Middle Maiden Name

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Mandatory disclosure of Social Security number is required due to the Zachary Law and licensure application requirements.)*

**Post Secondary Education (Since high school)**

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree)	GPA
From	To					

Official transcripts of high school or GED scores and all post high school education must be submitted to the Office of Admission, 8600 University Boulevard, Evansville, IN 47712.

**Employment History (List present or most recent employment first.)**

Dates		Title of Position	Employer	City and State
From	To			

**Community Activities: List community organizations, board memberships, offices held, and professional activities that serve the community. Include activities during the last three years.**

Organization/Association	Description of Duties	Dates

Attach any additional listing of community activities to the application.

Have you previously applied to a USI College of Nursing and Health Professions program or another university/college diagnostic medical sonography program?  No  Yes

If yes, name of program/university/college \_\_\_\_\_

Reason for non-acceptance \_\_\_\_\_

Have you started a diagnostic medical sonography at another university/college and did not complete the program?  No  Yes

If yes, name of school/s \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you been convicted of a felony?  No  Yes

(Information necessary for license application.)

Have you been convicted of a misdemeanor?  No  Yes

(Information necessary for license application.)

Have you been convicted of a sex offense against children?  No  Yes

(Requirements of Indiana Public Law 11-1994.)

Person to be notified in case of an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the Diagnostic Medical Sonography Program Admission Committee to review and verify my application and academic records.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Return this application to:

**Diagnostic Medical Sonography**  
University of Southern Indiana  
8600 University Boulevard, HP 2068  
Evansville, Indiana 47712

**All application materials must be received by the USI Diagnostic Medical Sonography Program before an admission decision can be made.**

**Application Deadline: September 15**