VINCENNES UNIVERSITY
Indiana's First College   Since 1801

Health Information Management Application

Campus Preference: ☐ Campus   ☐ Distance Education (online)

Applicant Information	
Full Legal Name	
Former name (if applicable)	
Date of Birth	
Student Identification #(A number) or Social Security Number	

High School Name /GED		Year of Graduation	
Phone			
E-Mail Address			

Please note that an email address is **REQUIRED**. All applicants are notified of their status via email.

Choose ONE program:

☐Medical Coding Certificate 6158, C.P.C.   ☐ Health Information Management 6150, A.S. Career/Tech

Check list for application:

☐High School transcript or GED sent to Vincennes University
☐Have you attended previous colleges other than VU? Please note this includes colleges/universities attended while in high school for dual credit.   ☐No ☐Yes, please list all colleges/universities below.
Official transcripts must be on file at Vincennes University in order for your application to be evaluated.   Click to list previous college

☐If you do not have any previous college credit, have you completed the Accuplacer (or have appropriate alternate test scores on file)?

☐Distance Education students: Submitted appropriate photo ID?
   Submit one of the following to disted@vinu.edu:
☐   Valid Drivers license
☐   Valid State ID
☐   Valid Passport

Comments/additional information you would like to include:
Click or tap here to enter text.

_____   _____
Signature   Date

By signing/typing your name above, you affirm that the information on this application is correct. Falsification of your application may result in your denial of admission to the College of Health Science and Human Performance and/or Vincennes University.
Submit completed application to jhooten@vinu.edu or fax to 812-888-4550.