



Health Sciences Application

Applicant Information

Full Legal Name			
Student Identification #(A number) or Social Security Number			
Date of Birth			
Home Mailing Address			
City, State, and Zip Code			
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.			

Vincennes Campus applications may be returned to hshp@vinu.edu or faxed to 812-888-4550. Applications can also be mailed to Vincennes University Health Sciences, Admissions Coordinator, 1002 North First Street, Vincennes, IN 47591.

Select one program below. Applications will not be accepted for multiple programs.

- Funeral Service Education Program (on campus only). Distance Education applicants email mstrate@vinu.edu
- Health Information Management Program (on campus only). Distance Education applicants email mstrate@vinu.edu
- Physical Therapist Assistant Program.
- Surgical Technology Program. Please note that the first year of this program is concentrated on general education courses. For students selected for admission, 2nd year courses will begin second 5 weeks of summer (July).

The following programs require their own application form: Pharmacy Technology, Nursing, and Health Care Services Administration. Please visit www.vinu.edu/hsapp for the appropriate application form.

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 VU.**

Have you any pending criminal charges or have you ever been convicted of a felony or misdemeanor? No Yes, please explain below

please refer to our website www.vinu.edu/healthcareers for information on our criminal history policy/procedure.

Do you currently hold or have you ever held licensure for any health care related field? No Yes

Has there been any disciplinary action taken against this license or have you ever been denied licensure/permit for any health care profession? No Yes: Please explain on the other side of this application.

By signing below, you affirm that the information on this application is correct. Applicants should review the Essentials Skills and Functions required for the programs at www.vinu.edu/healthcareers to ensure they can complete program requirements. Applicants selected for admission may be required to attend mandatory orientation prior to the start of the semester. Falsification of your application may result in your denial of admission to the Nursing Program and/or Vincennes University.

Signature _____

Date _____