

Department of Health Services
Administration and Policy

Direct Telephone: (215) 204-8128
Department Telephone: (215) 204-5899
Fax: (215) 204-5958

- Health Information Management Division

Application for Undergraduate Study from a Current Temple University Student

Please follow these directions:

1. Print clearly or type all responses. Be particularly careful in printing the email address.
2. Complete all sections (except where optional or statement does not apply).
3. Send or hand deliver the application to:

**Temple University
College of Public Health
Division of Health Information Management
Ritter Annex 526
Philadelphia, PA 19122
Attn: Karen McBride**

Applicant Information

TUId Number: _____

Name: _____
Last First Middle

Permanent Address:

Street Apt/Number, if applicable

City State Zip Code

(_____) _____
Telephone E-Mail Address

Date of Birth: _____ Gender: Male / Female (please circle)

Ethnicity: *African-American Hispanic Asian/Pacific Islander White Native American Other*

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? YES NO

Education / Certification

Professional Certification or registration, if applicable: _____

List scholastic honors, awards or distinctions received:

<u>Title</u>	<u>Date Received</u>
_____	_____
_____	_____
_____	_____

List all colleges and universities you have attended, beginning with the most recent. Please provide the dates of attendance.

<u>Institution Name</u>	<u>City and State</u>	<u>Dates</u>	<u>Major</u>	<u>Credits completed/ Degree received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

Employment, beginning with the most recent.

<u>Organization</u>	<u>Position</u>	<u>Full/Part Time</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deliverables

Please attach a one-page typed essay explaining the reason for your interest in this Health Information Management career.

PLEASE NOTE THAT ALL CREDENTIALS FILED IN SUPPORT OF THE APPLICATION BECOME PROPERTY OF TEMPLE UNIVERSITY COLLEGE OF PUBLIC HEALTH AND ARE NOT RETURNABLE TO THE APPLICANT.

Disclaimer and Signature

ALL APPLICANTS, PLEASE READ AND SIGN THE FOLLOWING:

I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal or other disciplinary action if they are subsequently discovered.

Signature

Date