Master of Science in Healthcare Informatics Administration Program Application

Last Name _____ First _____ Middle _____ Former _____

Social Security No. _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone ( ) _____ Work Phone ( ) _____ Home Phone ( ) _____

☐ I would like to opt-in to receive text message updates to my cell phone.

Personal Email _____

Work Email _____

Employer _____

Job Title / Position _____

Gender: ☐ Male ☐ Female | Marital status: ☐ Married ☐ single | Religion (Optional)_____

Are you Hispanic or Latino of any race (this includes Spanish and other Spanish origins)? Yes ☐ No ☐

In addition, please check one or more of the following options that you identify with:

☐ Native American or Alaskan Native
☐ Caucasian
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ African American
☐ Other

Roberts Wesleyan College admits academically qualified students in accordance with all State and Federal non-discrimination laws.

Citizenship Status (Please check applicable spaces)

_____U.S. / Dual U.S. Citizenship; If dual, other citizenship_____

_____U.S. Permanent Resident (must provide documentation) Country of citizenship_____

Type of Visa_____Expiration Date_____

_____I will need a Visa form (I-20) issued by Roberts Wesleyan College

Have you served in the U.S. Military? Yes ☐ No ☐ Discharge date _____ Military Branch_____

List all colleges you have attended, including Roberts (attach separate sheet if necessary).
Include undergraduate and graduate credits. *Quarter hours will be converted to semester hours.

College Attended _____ Degree Earned _____

College Attended _____ Degree Earned _____

College Attended _____ Degree Earned _____

NOTE: All official transcripts must be on file in the MHI Admissions Office

Start date preference: Spring ☐ Fall ☐ Year_____

How did you hear about this program?_____

Signature _____ Date _____

Contact our Enrollment Coordinator at 585.594.6210 or DAPS@roberts.edu for application assistance.