University of San Diego Office of Professional and Continuing Studies

Application for Programs



Please use this application if you wish to apply to the University of San Diego's Open Campus or other programs.

- 1. All applications must be accompanied by a \$100.00 application fee.
- 2. Required credentials:
 - A. Official transcripts of any attempted college work.
 - B. Official final high school transcript or proof of high school graduation or equivalent.
- 3. Financial aid and university housing are NOT available to open campus students.
- 4. International students with F-1 visa status are eligible for open campus if they are enrolled full-time at another institution and have maintained good immigration standing. A letter from your immigration advisor supporting part-time enrollment at USD must be submitted with your application including copies of your current Form I-20, passport page, visa page and I-94 card (front and back). International students with visa types other than F-1 may be eligible to apply and must consult with the International Admissions Counselor.
- 5. Open Campus enrollment is limited to a maximum of six courses per semester, with a cumulative total of eighteen semester units maximum.
- 6. All semester admissions deadlines apply in the case of Open Campus. Those enrolled in Open Campus attend class with degree-seeking students and participate in the same course activities and requirements.
- 7. Please check transferability requirements of your home institution if you plan to transfer credits earned through USD's open campus.

Professional and Continuing Studies Application Form



Date:					of San Diego	
		Davaanali	nformation		DIVISION OF CONTINUING EDUCATION	
		Personai i	nformation		University of San Diego	
Last Name			∩ Female	<u>!</u>	5998 Alcala Park San Diego, CA	
First Name			Male		USA 92110	
Middle Name					Phone: 619-260-4585 Fax: 619-260-5988	
				_	www.sandiego.edu/ce	
Mailing Address			Permanent Ad	dress 		
Street			Street			
City			City			
State			State			
Zip/Postal Code:			Zip/Postal Code:			
Home Phone:			SS Number	:		
Cell Phone:			D.O.B (M/D	/Y)		
Email			Country of	Country of Citizenship		
			•			
		University of San Die	go Program Sel	ection		
I am applying fo	r entran <i>c</i> e	in: OF HOSE OS		Year		
. а арр.уд . с		Fall Spring Sumr	mer () Intersession			
I am interested in	n applying	these courses to:				
Grading Option						
		Class F	Request:			
Class Number		Subject/Department	CRN	UNITS	MEETING DAYS/TIME	
			Instructors Signature			
Class Numb	er	Subject/Department	CRN	UNITS	MEETING DAYS/ TIME	
			Instructors Signature			
Class Number		Subject/Department	CRN	UNITS	MEETING DAYS/ TIME	
			Instructors Signature			
Comments: (For Offi	ce Use Only	')				

I previously applied to a University of	f San Die	ego program?				
○ Yes ○ No						
If yes, which:						
Opoctorate	○ Crede	ential				
○ Graduate	(Highs	school				
○ Baccalaureate						
If yes, please specify the program name:						
If yes, what semester and year?						
Permanent residents please complete	e sectio	n A. Internation	nal applicants			
A. I am a permanent resident (Non-	US CITIZ	en, non visa)	Allen Registrat	on Number		
Country of Citizenship		N	ative Language			
How long have you been in the US						
B. Current visa status						
☐ I require a Student Visa (F-1)	□Ire	equire an Excha	nge-Visitor Visa	(J-1) C	ther	
Country of Citizenship		N	ative Language			
Country of Birth		T	OEFL Score	Date yo	u presented the TO	EFL
Country of Permanent Legal Residen	су					
<u>Please Note: inorder to maintain status</u>	<u>, open ca</u>	mpus students o	are required to e	nroll in 8 units.		
		Academ	nic Informa	tion		
Current Education Level:						
○ Doctorate	○ Bacca	laureate				
○ Graduate	Highs	school				
○ Credential			Please	indicate the year y	ou graduated:	
ist in chronological order all colleges/uniou have taken any graduate courses (incrocessed. Completion of the admission f	luding e	xtension course	es). It is required			
Name of Institution		State	Country	Attendance Dates	Major	Degree Awarded

Additional Information

Please answer the following questions or upload a copy of your resume.

Employment Record

2.

All applicants should submit a resume describing the nature, scope and areas of responsibility of all work experience. Military Record Branch Rank at Entry Rank at Separation If not separated, current rank Military Awards or Honors **Optional Statistical Information** This information will no be used in, or in any way affect, the admission decision. Your voluntary provision of this data is most appreciated. Colleges and universities are asked by many organizations, including federal government, accrediting associations, college guides, newspapers and our college guides, newspaper and our own college/ university communities to describe the racial/ethnic backgrounds of our students and employees. Your responses to the following two questions will be used for statistical reporting purposes only. Ethnic Background (U.S. Citizens/Permanent Residents Only Please select one or more of the following groups or subgroups to describe yourself: American Indian or Alaska Native Asian Black of African American Native Hawaiian or Other Pacific Islander __ White Language spoken in the home Religious preference **Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed Text Field **Application Influence** Choose people, publications, or events which most influence you to apply to USD. (Indicate the specific event or item in the line provided)

Statement Of Purpose

Please write a brief narrative describing yourself, your career goals and your understanding of Health Care Informatics. You may discuss influences on your intellectual development, educational and cultural opportunities (or lack of them) which have been available to you, and the ways in which these experiences have affected you. This should not be a recording of facts already listed on the application; it should give the Admissions Committee a better sense of who you are and why you are applying to the Health Care Informatics Certificate Program at the University of San Diego. If you are now in a graduate program at another university, please explain why you wish to leave. (Guideline: 500 words or less, please submit separately.)

Terms and Conditions

Open Campus students must comply with all regulations regarding fees, refund and program changes available on the Open Campus website (http://opencampus.sandiego.edu). If you have questions, please call (619) 260-4585.

I understand that Open Campus limits me to enrolling in a maximum of eighteen (18) semester units. Open Campus does not imply in any way formal admission to the University of San Diego. I also understand that I must meet the full formal application requirements if I plan to pursue formal program study for a specific degree at USD in the future. I understand that University of San Diego Open Campus does not guarantee transfer of credits earned through this program.

I understand that Open Campus Students are not eligible for any form of USD financial aid.
I certify that the information on this application is true to the best of my knowledge. I have read all the instructions and limitations. I understand that refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form.

Sign or Initial	Date	

Office of Profesional and Continuing Studies
5998 Alcala Park
San Diego, California
92110
opencampus@sandiego.edu