



APPLICATION FOR ADMISSION
**HEALTH INFORMATION MANAGEMENT
PROGRAM**

COLLEGE OF HEALTH SCIENCES
TENNESSEE STATE UNIVERSITY

INSTRUCTIONS: Please submit the following application materials for consideration for admission to the Health Information Management Program. kmassey@tnstate.edu

- Applications should be received by June 30th (Fall Semester)

NOTE: *Admission to Tennessee State University is a separate application and process must be completed before being considered for admission to the Health Information Management Program. The Office of Admissions and Records will notify you of your acceptance into the University.*

- One official copy of transcripts from all postsecondary education institutions attended.

NOTE: *You will need to request a total of two official copies of your transcripts from each institution attended - one copy must be submitted to the Office of Admissions and one copy must be submitted to the Health Information Management Program. Students currently enrolled at TSU do not have to request a TSU transcript.*

- Prerequisite Course Worksheet (follow instructions on form)
- Two (2) letters of Recommendation from persons (non-family members) who know the applicant's character and suitability for working in a health-care profession (forms must be sent directly by the evaluator; recommendations sent by the applicant will not be accepted).

Contact the Health Information Management Program at (615) 963-7419 or kmassey@tnstate.edu for an appointment. Information: You may contact the following departments for specific information

Admission Application	Office of Admissions	(615) 963-5101
Scholarship & Grants	Office of Financial Aid	(615) 963-5701
Minority Scholarships	Office of Financial Aid	(615) 963-5640

Mail may be directed separately to each of the above offices at the following address:

(Name of Department/Office)
Tennessee State University
3500 John Merritt Blvd.
Nashville, TN 37209-1561

It is essential that applicants read the Health Information Management brochure before completing this Application for Admission form. <https://www.tnstate.edu/him/>

**APPLICATION FOR ADMISSION
HEALTH INFORMATION MANAGEMENT PROGRAM
TENNESSEE STATE UNIVERSITY
3500 John Merritt Blvd. Box 9527, Nashville, TN 37209
(615) 963-7419**

NAME: _____
(Last) (First) (Middle)

DATE OF BIRTH: ____/____/____ SEX: Male ____ Female ____ VETERAN: Yes ____ No ____ T #: _____

CHECK ONE: Asian ____ American Indian ____ Hispanic ____ African American ____ Caucasian/White ____ Other ____

Permanent Address	Local Address
Permanent Telephone #	Local Telephone #

MARITAL STATUS: Single ____ Married ____ Divorced ____ Widowed ____

EMERGENCY CONTACT NAME & TELEPHONE #: _____

PARENT'S NAME: _____

Address & Telephone (if different from yours): _____

LIST HIGH SCHOOL, COLLEGES, AND UNIVERSITIES ATTENDED:

NAME	ADDRESS	YEAR GRADUATED

HEALTH INFORMATION MANAGEMENT OR HEALTH CARE EXPERIENCE(S):

NAME AND LOCATION	DATE(S) EMPLOYED

LIST ALL PROFESSIONAL CREDENTIALS HELD:

NAME OF ORGANIZATION	CREDENTIAL EARNED	YEARS EARNED

LIST TWO REFERENCES WITH ADDRESS:

Name:	Name:
Address:	Address:
Relationship:	Relationship:

Write an autobiographical sketch and include a discussion of your interests; relate what led you to choose a career in Health Information Management, and state your future intentions once you have completed the program.

Applicant’s Signature

Date

For Office Use Only:

Approved by:	Reason:
Rejected by:	Date of Decision: