



Parker University Student Application

- 1** Applying for: Certificate in Massage Therapy
 Certificate in Computer Tomography
 Associate of Applied Science with a major in Diagnostic Sonography
 Associate of Applied Science with a major in Radiologic Technology
 Associate of Applied Science with a major in Health Information Technology
 Associate of Applied Science with a major in Occupational Therapy Assistance
 Associate of Applied Science with a major in Massage Therapy
 Bachelor of Business Administration with a concentration in Health Care Management
 Bachelor of Science with a major in Health Information Management
 Bachelor of Science with a major in Anatomy
 Bachelor of Science with a major in Health & Wellness
 Bachelor of Science with a major in Computer Information Systems with a concentration in IT
 Bachelor of Science with a major in Computer Information Systems with a concentration in Cybersecurity
 Master of Business Administration with a concentration in Health Care Management

2 Academic Year and Term: Jan__ Feb__ Mar__ Apr__ May__ June__ July__ Aug__ Sept__ Oct__ Nov__ Dec__

3 Name: _____
Last First Middle Preferred Name
 Other last name(s) on transcripts: _____

4 Address: _____
City State Zip

5 Phone: _____
Home Cell Other

6 E-mail: _____

7 Emergency Contact: _____
Name Phone Relationship

8 International Student Information: _____
Citizenship TOEFL Score

9 Visa Type: _____

10 Military Status: Yes No Yes No Yes No
US Veteran Currently Active Duty Receiving Benefits

11 **REQUIRED:** Have you ever been charged with a criminal misdemeanor/felony offense?
 YES NO If yes, please explain all charges or convictions:



edUcational History – Please list all college/universities in order of attendance with the most recent first

Highest Degree Earned: _____
 College/University: _____
 College/University: _____
 College/University: _____

General Education Courses and Certificates Completed:

- | | | |
|--|--|--|
| <input type="checkbox"/> Massage Therapy (Certificate) | <input type="checkbox"/> English Literature | <input type="checkbox"/> Political Science I |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> American History I | <input type="checkbox"/> Political Science II |
| <input type="checkbox"/> Intro to Computers | <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Anatomy & Physiology II |
| <input type="checkbox"/> English Composition | <input type="checkbox"/> American History II | <input type="checkbox"/> I have not completed |
| <input type="checkbox"/> Speech Communications | <input type="checkbox"/> College Algebra | any college coursework |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Statistics | |

additional backgroUnd information (volUntary)

Social Security Number: _____ Date of Birth: _____
 Driver's License Number: _____ State Issued: _____

Male Female Married Single
 Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other _____

aPPLication certification

It is understood, by all parties that the person submitting this application hereby certifies that all information submitted is true and complete to the best of his/her knowledge. The applicant fully understands that failure to answer all applicable questions or misrepresentation of any statement is sufficient reason for denial/delay of admission or dismissal from Parker University. The applicant agrees that if enrolled at Parker University he/she will assume the obligation of living by the Rules, Regulations and Code of Conduct of the Parker University, including any and all off-campus events and excursions on weekdays or weekends.

I acknowledge that I have read and agree to the terms of the Application Certification.

Name (Print) _____ Signature _____
 Date _____

If you know anyone interested in attending Parker University, please provide the following information:

First Name _____ Last Name _____
 Phone _____ E-mail _____