

School for Adult Learning

1400 East Hanna Avenue, Esch Hall Room 103
 Indianapolis, IN 46227-3697
 (317) 788-3393 / 1-800-232-8634
 sal@uindy.edu / http://sal.uindy.edu

Personal Data

Social Security Number (*optional*) _____ E-mail Address _____
 Legal Name (*last, first, middle initial*) _____ Preferred Name _____
 Maiden or Previous Name _____ Spouse's Name _____
 Address _____ City _____ State ____ Zip _____
 County _____ Country _____ Home Telephone _____ Work Telephone _____
 Are you eligible for faculty/staff benefits from the University of Indianapolis? Yes No
 Are you a graduate of this institution? Yes No Are you taking these classes for recertification of current licensure? Yes No

Demographic Data

Date of Birth (*optional*): _____ Sex: Male Female
 Marital Status: Single Married

Ethnic Origin (*check one*):

- | Code | Ethnic Origin |
|----------------------------|--------------------------------|
| <input type="checkbox"/> I | American Indian/Alaskan Native |
| <input type="checkbox"/> O | Asian or Pacific Islander |
| <input type="checkbox"/> B | African-American |
| <input type="checkbox"/> H | Hispanic |
| <input type="checkbox"/> W | White, Non-Hispanic |
| <input type="checkbox"/> X | Other: _____ |

Religious Preference (*check one*):

- | Code | Preference | Code | Preference |
|-----------------------------|--|--------------------------------|-------------------------|
| <input type="checkbox"/> MN | United Methodist IN North Conf. | <input type="checkbox"/> LU | Lutheran |
| <input type="checkbox"/> MS | United Methodist IN South Conf. | <input type="checkbox"/> PB | Presbyterian |
| <input type="checkbox"/> MO | United Methodist Other | <input type="checkbox"/> UC | United Church of Christ |
| <input type="checkbox"/> DC | Christian Church (Disciples of Christ) | <input type="checkbox"/> NA | Nazarene |
| <input type="checkbox"/> EP | Episcopal | <input type="checkbox"/> RC | Roman Catholic |
| <input type="checkbox"/> BT | Baptist | <input type="checkbox"/> Blank | No Preference |
| <input type="checkbox"/> JE | Jewish | <input type="checkbox"/> XX | Other: _____ |

High School Data

High school diploma? Yes No Date graduated: _____. General Education Development Test (GED)? Yes No

College Data

Office Use	Name(s) of ALL Colleges/ Universities Attended/Attending	Location: City & State	Dates Attended/Attending	Degrees Earned
_____	1. _____	_____	_____	_____
_____	2. _____	_____	_____	_____
_____	3. _____	_____	_____	_____
_____	4. _____	_____	_____	_____

What is the cumulative grade point average at the college you most recently attended? _____
 Are you now attending another college or university? Yes No
 Have you ever been on academic or social probation, suspended, expelled, or refused readmission to any college or university?
 Yes No *If you answered "yes," please enclose a written explanation.*

