If you are submitting an Application for Admission into the Master of Science in Information Technology/Health Information Technology Program under the U.S. Department of Labor Grant, please print, complete, and fax or scan and e-mail this form to the fax number or e-mail address below.

PROGRAM: Master of Science in Information Technology/Health Information Technology

NAME: _________________________________     ___________________________     _______________

Last Name     First Name     M.I.

E-MAIL _________________________________ PHONE __________________

Please answer the following questions:

1. Are you disabled? Yes_____     No_____    If yes, please list your disability.

____________________________________________________________________________________

2. Selective Service: If you are a male between the ages of 18-26, are you registered with the Selective Service? Yes_____     No_____ 

3. Please choose one of the scenarios listed below that best describes how the HIT4 Scholars Program will help you:

Secure full-time employment _____ Retain current position_____     Advance in career_____ 

Other: _____________________________________________________________________________

E-MAIL OR FAX THIS FORM TO: Mattie Hunter, Director of Admissions, Metropolitan School of Professional Studies. E-mail: HunterM@cua.edu; Fax: (202) 319-6032