

UNITED MEDICAL INSTITUTE

Registration for Continuing and Professional Studies Program

SPI (Sonography Principles & Instrumentation) Exam Tutoring Class

If you have any questions about the application please call us at (916) 334-5118 or e-mail at info@unitedmedicalinstitute.com.

You must complete this form in its entirety. An incomplete form will not be processed.

- 1. APPLICATION: Download a copy of the application, complete it and mail to UMI. Faxed copies are not acceptable.
2. FEE: The tutoring class fee is \$250.00 U.S. dollars and must accompany each application. You may pay the fee by cash, cashier's check or money order. The fee cannot be waived or deferred and is not refundable.

My payment in the amount of \$_____ is enclosed.

I am paying by: (check one) [] cash [] cashier's check [] money order

- 3. IDENTIFICATION: Provide one official form of photo identification. (Driver's license, passport, student id, etc.)

All required application materials are to be mailed or returned to:

United Medical Institute
5280 Auburn Blvd.
Sacramento, CA 95841

1. Name :

Last First Middle

2. Other name(s), if any, that may appear on academic records

3. U. S. Social Security Number

4. Gender [] Female [] Male

5. Current address

6. Home (permanent) address, if different

Street

Street

City

City

State Zip Code

State Zip Code

7. Telephone Preferred # Secondary #

8. E-mail

9. Place of Birth

10. Date of Birth: Month Day Year

11. What is your state of residency?

12. How long?

13. Citizenship: [] U. S. Citizen [] U. S. Permanent Resident [] Other (Indicate Below)

Country of citizenship Visa type

ACADEMIC HISTORY

List the high school from which you graduated:

School name City/State/Country Year graduated

Have you completed your associates degree?

School name City/State/Country Year graduated

Have you completed your baccalaureate degree?

School name City/State/Country Year graduated

PROFESSIONAL EXPERIENCE AND REFERENCES

List recent work history or experience

Job Title	Employer	Dates

List the names of three (3) references. These individuals should be familiar with your professional and educational work and be able to evaluate your potential success as a student.

PROFESSIONAL CONDUCT

Please answer the following question with “Yes” or “No”: (If you answer yes, please elaborate in the space provided)

1. Have you ever been suspended or terminated from employment or an educational institution? Yes No
If yes, please describe below.

2. Have you ever been convicted of a felony? Yes No
(Students who answer yes will not be disqualified from the program)
If yes, please describe below.

Where or how did you first learn about United Medical Institute?

I certify that the information contained in this application is factually correct and complete. I understand that the omission or misrepresentation of any information including enrollment in other colleges or university is sufficient grounds for canceling my admission or registration.

Signature _____

Date: _____