Student Name: **UIN #:**   **University of Illinois at Chicago**
College of Applied Health Sciences
Health Information Management

List ALL Colleges Attended (including current enrollment):

Name (in chronological order)	City	State (or Country)	From		To		Degrees Conferred or Hours Earned
			Month	Year	Month	Year	
1.							
2.							
3.							
4.							
5.							

Are you or have you ever been employed?   YES   NO

	Name of Employer	From (Month/Year)	To (Month/Year)	Hours per week
1. Current Employer				
2. Previous Employer				
3. Previous Employer				
4. Previous Employer				
5. Previous Employer				

NOTE: *This form is for current UIC students interested in applying to the Health Information Management Program. Please complete the form, save it to your computer, and upload it to your online application as you will with your Course Outline form and Resume. If you have any questions regarding this form or the application process please contact the Biomedical Health & Information Sciences department at bhisapp@uic.edu.*