INDIANA UNIVERSITY
SOUTH BEND

POST BACCALAUREATE
NON-DEGREE
APPLICATION

For Undergraduate Coursework Only

Office of Admissions
1700 Mishawaka Ave
P.O. Box 7111
South Bend, IN 46634-7111
(574) 520-4839
admissions@iusb.edu

Revised 4/18/2013
CRIMINAL AND DISCIPLINARY HISTORY REVIEW
IU South Bend is committed to maintaining a safe environment for all members of the University community. As part of this commitment, the University requires applicants who have (1) been convicted of any felony or a misdemeanor such as simple battery or other convictions of behavior that resulted in injury to a person(s) or personal property, or (2) who have a history of formal disciplinary action at any college or university attended, to disclose this information as a mandatory step in the application process. A previous conviction or previous conduct does not automatically bar admission to the University, but does require review.

SOCIAL SECURITY NUMBER
In accordance with the Privacy Act of 1974 and Indiana PL 22 of 1977, students and applicants are advised that the requested disclosure of their Social Security Number to designated offices is voluntary. The student has the right to refuse disclosure of this number or request its removal from the record without penalty. A special ten digit student identification number will then be assigned for use throughout the duration of the student’s involvement with the University. The Social Security Number, or student identification number, will be used to identify the student’s records, such as permanent transcripts, registration, grade reports, transcript requests, certification requests, certification of school attendance, and for reporting student status. The student’s Social Security Number is not disclosed to individuals or agencies outside Indiana University, except in accordance with the Indiana University policy on release of student information.

ACCESS TO PROGRAMS POLICY
The policy of Indiana University regarding admission and access to programs prohibits discrimination on the basis of race, sex, religion, color, national origin, physical or mental handicap, age or status as a Vietnam-era veteran in any of its educational programs, admissions, or employment policies. The applicant is not required to answer the question about ethnic origin; refusal to answer this question will not affect admission. Any information given by the applicant to this question will be kept confidential.

APPLICATION FEE
A non-refundable fee of $35.00 is required of all applicants to Indiana University South Bend. Please attach a check or money order (made payable to Indiana University South Bend) when you return this application. You may also pay in person at the Admissions Office, located in Room 166X of the Administration Building.

FINANCIAL AID
Generally speaking, non-degree students do not qualify for financial aid. Certain exceptions exist for students who are taking specific required prerequisites for admission to graduate programs. For additional information contact the Office of Financial Aid & Scholarships at (574) 520-4357.

SAFETY AND SECURITY ON CAMPUS
At Indiana University South Bend the safety and well-being of all members of our campus community is a primary concern. In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, the University publishes an annual security report that includes information about its services, crime prevention strategies, crime reporting policy, procedures & responses, access to campus facilities, enforcement & arrest authority of campus police officers, and campus crime statistics for the most recent three year period. The report also contains information on the University’s policy on alcohol and other drugs, and on other security related University policies. The information and service report is available on the web at http://www.iusb.edu/~sbsafety/clery.shtml.

A hard copy of the report is available by writing to Indiana University South Bend, Safety & Security Department, 1700 Mishawaka Avenue, South Bend, IN 46634-7111. The printed report may also be obtained by calling the Safety and Security Department, or by stopping by the office.

STUDENT RIGHT TO KNOW ACT
Information concerning the completion of graduation rates of first-time, full-time students who were admitted to Indiana University South Bend in the Fall of 1986 and subsequent years may be obtained from the Office of the Registrar or http://www.indiana.edu/~urr.
### Personal Information

Social Security Number or Assigned Student Number (see page 2)

Legal First Name   Middle Name   Last Name

If any requested school records are under a different name, please indicate here.

Date of Birth (Month/Day/Year)   Age   Gender (M/F)

Current Address

City   State   Zip

County

Home Phone   Work Phone

Email Address

Are you Hispanic or Latino?  □ Yes   □ No

How would you best describe yourself? (Please circle one)
American Indian or Alaskan   White
Asian   Black or African American
Native Hawaiian or Pacific Islander

What is your citizenship status? (Please circle one)
US Citizen
Immigrant, Permanent Resident: Please attach copy of green card
Other: Non-US citizen

If you are not a US citizen, what is your country of citizenship?

What type of U.S. visa do you have?

### Residency Information (Must be fully completed)

Please indicate how long you have lived in Indiana:

- □ Birth to present
- □ From ____ / ____ / ____ to ____ / ____ / ____

### Academic Information

Starting Semester: (circle one)  Fall (Aug)  Summer I (May)  Summer II (July)

<table>
<thead>
<tr>
<th>Year:_________</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
</tr>
</tbody>
</table>

Name of High School

City   State   Zip

Graduation Date (Month/Year)  (office use only)

Did you receive a GED? Yes/No   State   Date (Month/Day/Year)

### Colleges/Universities Attended

List all Colleges and Universities ever attended. Begin with most current school attended, including IU campuses. Please use an additional piece of paper if necessary.

Name of College/University

City, State

Dates Attended   Degrees Earned  (office use only)

Name of College/University

City, State

Dates Attended   Degrees Earned  (office use only)

Name of College/University

City, State

Dates Attended   Degrees Earned  (office use only)

DO NOT WRITE IN THIS SPACE; FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Program: NDEG0</th>
<th>Fee Y N</th>
<th>Check #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan: NONDG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency:</td>
<td>R</td>
<td>NR</td>
</tr>
<tr>
<td>Semester:</td>
<td>AFQL</td>
<td>APRB</td>
</tr>
<tr>
<td>School: Non-Degree</td>
<td>Major Name: Undergrad Non-Degree</td>
<td></td>
</tr>
<tr>
<td>Signature of Counselor:</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Please indicate your purpose for pursuing course work at Indiana University South Bend. Please check all that apply:

- Professional Development
- Personal Development / Enrichment
- Guest Student Status: Enrolled in a graduate program at another university and wish to take undergraduate course work at Indiana University South Bend. Please indicate university and graduate program:

- Prerequisite for program admission
  - Undergraduate program prerequisites
    Please indicate university and program:
  - Graduate program prerequisites (all coursework must be at undergraduate level)
    Please indicate university and program:

For information about IU South Bend graduate programs or taking graduate courses (500-600 level) as a non-degree student, please use the contact information below. This application is not for graduate level coursework.

CRIMINAL HISTORY
Have you been convicted of a felony or have you engaged in behavior that resulted in injury to person(s) or personal property?  
- No  
- Yes*  
Have you ever been formally disciplined for reasons other than academics at a previous school?  
- No  
- Yes *  
Have you ever been convicted of a battery or sexual misconduct misdemeanor?  
- No  
- Yes *  
*If you answer yes to either of these questions, include a one-page summary of the details, circumstances, and outcomes surrounding the activity.

<table>
<thead>
<tr>
<th>Graduate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raclin School of the Arts: 574-520-4161</td>
</tr>
<tr>
<td>Master of Music</td>
</tr>
<tr>
<td>School of Business &amp; Economics: 574-520-4138</td>
</tr>
<tr>
<td>Masters of Business Administration</td>
</tr>
<tr>
<td>M.S. in Accounting</td>
</tr>
<tr>
<td>M.S. in Management of Information Technologies</td>
</tr>
<tr>
<td>School of Education: 574-520-4845</td>
</tr>
<tr>
<td>M.S. in Education, Counseling and Human Services</td>
</tr>
<tr>
<td>M.S. in Education, Elementary Education</td>
</tr>
<tr>
<td>M.S. in Education, Secondary Education</td>
</tr>
<tr>
<td>M.S. in Education, Special Education</td>
</tr>
<tr>
<td>M.S. in Elementary / Secondary Education Leadership</td>
</tr>
<tr>
<td>Transition to Teaching</td>
</tr>
<tr>
<td>Teaching Licensing Procedures</td>
</tr>
<tr>
<td>College of Liberal Arts &amp; Sciences: 574-520-4214</td>
</tr>
<tr>
<td>M.S. in Applied Mathematics and Computer Science 574-520-5521</td>
</tr>
<tr>
<td>M.S. in Arts in English: 574-520-4304</td>
</tr>
<tr>
<td>Master of Liberal Studies: 574-520-4173</td>
</tr>
<tr>
<td>Master of Public Affairs: 574-520-4520</td>
</tr>
<tr>
<td>Health Systems Administration &amp; Policy MPA</td>
</tr>
<tr>
<td>Governmental Administration &amp; Policy MPA</td>
</tr>
<tr>
<td>Non-Profit Administration &amp; Policy MPA</td>
</tr>
<tr>
<td>School of Social Work: 574-520-4880</td>
</tr>
<tr>
<td>Master of Social Work</td>
</tr>
<tr>
<td>School of Nursing: 574-520-4569</td>
</tr>
<tr>
<td>Master of Science in Nursing</td>
</tr>
</tbody>
</table>

Applicant Signature Required
I understand that withholding pertinent information requested on this form or giving false information on this form will make me ineligible for readmission or subject to cancellation of readmission. If readmission has already been granted and subject to dismissal if already enrolled. I certify that all statements on this form are correct and complete. I give my permission to officials at all institutions I have attended to release information required to substantiate the statements I have made in connection with completing this form. I grant IU South Bend permission to investigate my criminal or educational disciplinary background, if necessary.

Signature ___________________________ Date ___________________________

By sending a check for payment, you are authorizing IU South Bend to use the information from your check to make a one-time electronic debit from your account at the financial institution indicated on your check. This electronic debit will be for the amount of the check and will post to your bank account within one day of receipt by us. The cancelled check will not be returned with your checking account statement. If we cannot post the transaction electronically, you authorize us to present an image copy for your check payment. You agree that, if a third party submits a check on your behalf, this individual is your agent and has been provided these disclosures. Please contact (574) 520-4839 to learn about other payment options if you prefer not to have your check used in this way.