



Cardiac and Vascular Institute of Ultrasound, Inc
2936 N. McVay Dr. • Mobile, AL 36606
(800) 675-2928 • (251) 433-1600
admissions@ultrasound.edu

Thank you for your interest in the Cardiac and Vascular Institute of Ultrasound. Below you will find an enrollment application. Make sure you specify on the application the program for which you are applying. Acceptance is based on a composite entrance score. You may apply for any quarter throughout the year at least two weeks prior to the start of the quarter. Enrollment for each quarter is closed when all positions are filled.

To apply you must do the following:

- ✓ Complete and submit the application for admission form (be sure to sign the application).
- ✓ Submit an unofficial copy of your transcript with your application.
- ✓ Request an official copy of your transcript be sent to CVIU.
- ✓ Submit a copy of your ACT or SAT score.
- ✓ Schedule an interview with the Director of Student Affairs.
- ✓ Take the CVIU “learning ability” test at the school during your visit.

Send the completed application by mail, fax, or email to:

CVIU
Attention : Admissions
2936 N. McVay Dr.
Mobile, AL 36606
Fax: 251-433-1605 Email: admissions@ultrasound.edu

Remember: We will process your application with an unofficial or official copy of your transcript; however, you are required to have an official copy of your transcript sent from the concerned institution or college to CVIU before the application is complete.

Within two weeks after completion of the application process, a CVIU representative will send you a letter confirming your acceptance or an explanation of why we did not approve your admission to CVIU.

We would be glad to provide you with relocation details, childcare & apartment information, etc. If you have any questions or need further information, please contact us at 1-800-675-2928 or e-mail us at admissions@ultrasound.edu.

Thomas R. Hopper, PhD
Administrative Director



Cardiac and Vascular Institute of Ultrasound
Application for Admission

Applying for:

- Cardiac One- Year Program
Vascular One- Year Program
Cardiovascular 18 Month Program
Cardiac and Vascular Two – Year Program
Cardiac Crossover (trained sonographers only)
Vascular Crossover (trained sonographers only)

Entrance Quarter:

- Fall Quarter (October) Year
Winter Quarter (January)
Spring Quarter (April)
Summer Quarter (July)

For Office Use Only
Date Rec'd
Official Transcripts Rec'd
Interview Date
Commitment Fee
Learning Ability Test
Prerequisites
Dress: Profess: Comm:
Comments:

Social Security Number
Date of Birth:
Full Name: Last First M.I.
Mailing Address:
City : State: Zip :
Home Phone: Work: Cell:
E-mail Address:
Emergency Contact:
Full Name: Last First Middle
Address: Street/P.O. Box City State Zip
Home Phone: Work Phone:

Education:

High School	City/State	Graduation Month/Year	Did you Graduate?
_____	_____	____/____	___Y___N

List All Colleges/Technical Schools Attended	City/State	Graduation Month/Year	Degree Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly, write about your work experience and/or college education over the past few years.

Briefly write about your experiences and/or research that attracts you to a career in cardiac and/or vascular ultrasound.

How did you hear about CVIU? _____

I have received a copy of the CVIU catalog or viewed the catalog online. _____Yes_____No

If you have ever been arrested for a felony, please attach an explanation.

I certify that the above information is accurate and complete. I understand that withholding and/or giving false information will prevent me from being accepted and may constitute a reason for dismissal.

Signature

Date