



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

**Thomas R. Hopper, PhD**  
**Administrative Director**



**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.

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

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How did you hear about CVIU? \_\_\_\_\_

I have received a copy of the CVIU catalog or viewed the catalog online. \_\_\_\_\_Yes\_\_\_\_\_No  
 If "No" please request a Catalog at your interview.

Have you received Federal Student Aid from any college in the past year? 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



## ATTESTATION OF HIGH SCHOOL GRADUATION OR EQUIVALENCY

I, \_\_\_\_\_, have applied for admission as a student at the Cardiac and Vascular Institute of Ultrasound (CVIU).

I understand that one requirement for admission to the Cardiac and Vascular Institute of Ultrasound is graduation from a high school or its equivalency.

I hereby certify that:

\_\_\_\_\_ I graduated from \_\_\_\_\_  
Initial Name of High School

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date of Graduation

\_\_\_\_\_ I earned a GED at \_\_\_\_\_  
Initial Name of Testing Facility

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date of Graduation

If for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement of the Cardiac and Vascular Institute of Ultrasound and I will not be considered a regular student and thus, will be subject to immediate dismissal from the Cardiac and Vascular Institute of Ultrasound.

Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source, and that I will be responsible for payment to the Cardiac and Vascular Institute of Ultrasound for any and all money refunded.

**By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_