



THE CATHOLIC UNIVERSITY OF AMERICA

Metropolitan School of Professional Studies

Pangborn 334
620 Michigan Avenue, N.E.
Washington, DC 20064-0001
Tel: (202) 319-5256 • Fax: (202) 319-6032

APPLICATION / REGISTRATION FORM

Non-Credit Programs

If you have registered for noncredit courses using this form in the past year, you only need to complete "Student Information" and "Contact Numbers" below, along with the entire final page.

STUDENT INFORMATION:

Mr. Mrs. Ms.

Last Name First Name Middle Initial Other Name (If Applicable)

Street Address

City State Zip

Social Security Number Date of Birth Birthplace (City, State)

CONTACT NUMBERS:

Home:	Office:	Mobile:
Fax:	Email:	

CITIZENSHIP:

Country of Citizenship	Type of Visa (if applicable)	Alien Registration Number (Permanent Residents)
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EDUCATION:

Term in which you intend to start (mark box & insert appropriate year):

Fall _____ Spring _____ Summer _____

How did you hear about Spanish for Health Professionals? *(Please check all that apply)*

- Friend/Relative CUA/Metro Student Employer Web Search
 Online Ad Metro Ad CUA Website
 College/Career Fair Other: _____
(please specify)

Have you ever applied to attend Metropolitan / The Catholic University of America?

- Yes / If so, when? _____
 No

Have you ever attended Metropolitan / The Catholic University of America?

- Yes / If so, when? _____
 No

Does the University employ any member of your family full-time?

- Yes / Relationship _____
 No

How would you describe yourself? (please check all that apply)

- Black (non-Hispanic) Native American/ Alaskan Native Caucasian / Anglo
 Latino Asian / Pacific Islander Other (specify) _____

List below any High School, GED, college, university, or other school you have attended (most recent first):

Institution	Location City/State	Credits Earned	Degree Conferred	Date

List any other training, accomplishments, and/or certificates you have received:

EMPLOYMENT EXPERIENCE: (most recent first) – You may attach a resume if preferred.

Job Title	Employer Name	Dates	Employer Address

Are you expecting to receive financial assistance or tuition reimbursement from your employer?

- Your Employer Veteran's Benefits Other: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Telephone: _____ E-mail: _____

_____ **REGISTRATION** _____

Please indicate for which course(s) you would like to be registered. Courses do not need to be taken in order. By submitting this form, you are incurring a financial obligation for which payment is due upon registration. By registering, you are responsible for the following information:

- Payment/Billing: <http://enrollmentservices.cua.edu/Student-Financial-Information/BillingAndPayment.cfm>
- Accessing E-Mail / Registration (Cardinal Station): <http://computing.cua.edu/start/activateAccount.cfm>
- Academic Policies: <http://policies.cua.edu/>

Spanish for Health Professionals Courses:

_____ **Medical Spanish Essential** Cost: \$1,500*.

_____ **Medical Spanish Communicative** Cost: \$1,500*.

_____ **Medical Spanish Informative** Cost: \$1,500*.

_____ **Cultural Competence in Health Care (taught with English and Spanish nuances)** Cost: \$1,500*.

_____ * Mark here if affiliated with Catholic hospital, clinic, university, or if a CUA alum to receive 10% tuition discount. Provide affiliation and position or CUA ID _____

OFFICE USE:

I hereby certify that I have personally completed this form and that the information is complete and accurate. I also understand that, by registering for the courses indicated above, I will incur a financial obligation at The Catholic University of America, and that I am responsible for the information presented on the Web sites referenced above. I also acknowledge that I will NOT automatically be withdrawn from a course for nonpayment.

Signature

Date

NOTE TO APPLICANTS:

No person will be denied admission to the Metropolitan School of Professional Studies or otherwise be discriminated against at The Catholic University of America on the basis of race, color, religion, sex, national origin, age, marital status, personal appearance, family responsibilities, physical or mental disability, matriculation, political affiliation, or status as a Vietnam Era or disabled veteran insofar as any of these classes are defined and protected by Federal and District of Columbia laws and regulations.

Fax to 202-319-6032 or email to Tony Boehm boehm@cua.edu