

HEALTH INFORMATION TECHNOLOGY PROGRAM <u>ADMISSION APPLICATION</u> FALL 2024

Please complete and return this form along with supportive documentation (Student Inquiry Report and an unofficial college transcript(s) from the transferring institution) via Canvas at https://bccc.instructure.com/enroll/8WLYCP on or before Friday April 26, 2024. If you have previously submitted official transcripts, please attach unofficial transcripts to this application. The Admissions Committee will review applications within two (2) weeks of the respective deadline.

PLEASE PRINT OR TYPE: Please type to assist us in contacting you in a timely manner.

NAME(last)	(first)	(داله: ۱۳۰۰)
		(middle)
ADDRESS		
PHONE NUMBERS: (HO	ME)	CELL/WORK
E-MAIL ADDRESS		
The Health Information Techno	logy Program will not be responsi	ible for address and/or telephone changes that are y us of any information changes could result in our
	requisites and submission of this a Degree or Coding Specialist Cert	application does NOT guarantee acceptance into the ificate Programs.
Please check all items th	nat apply	
☐ AHP 130	☐ ENG 101	GPA 2.5 or higher
☐ BIO 202	☐ MAT 107	Earned a grade of C or better
☐ BIO 203	PRE 100 or exempt	
Please check which progra	am you are applying to:	
Health Information Technology		Coding Specialist Certificate
If accepted but you do not	accept your seat this year,	you must reapply next year.
Your signature indicates t concerning this applicatio	•	understand what is required of you
Name		Date: