



**HEALTH INFORMATION TECHNOLOGY PROGRAM**  
**ADMISSION APPLICATION**  
**FALL 2023**

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 on or before **Friday April 28, 2023**. 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

---

B-NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
(last) (first) (middle)

ADDRESS \_\_\_\_\_

PHONE NUMBERS: (HOME) \_\_\_\_\_ (CELL/WORK) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The Health Information Technology Program will not be responsible for address and/or telephone changes that are different than those submitted on this application. Failure to notify us of any information changes could result in our inability to reach you.

---

Successful completion of all Prerequisites and submission of this application does NOT guarantee acceptance into the Health Information Technology Degree or Coding Specialist Certificate Programs.

**Please check all items that apply**

AHP 130	<input type="checkbox"/>	ENG 101	<input type="checkbox"/>	GPA 2.5 or higher	<input type="checkbox"/>
BIO 202	<input type="checkbox"/>	MAT 107	<input type="checkbox"/>	Earned a grade of C or better	<input type="checkbox"/>
BIO 203	<input type="checkbox"/>	PRE 100 or exempt	<input type="checkbox"/>		

**Please check which program 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 that you have read and fully understand what is required of you concerning this application.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_