



**HEALTH INFORMATION TECHNOLOGY PROGRAM
ADMISSION APPLICATION
FALL 2018**

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 May 25, 2018**. If you have previously submitted official transcripts, please attach unofficial transcripts to this application. The Admissions Committee will review applications within 1 week of the respective deadline.

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

SOCIAL SECURITY 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 Program.

Please check all items that apply

___ GPA 2.5 or higher ___ PRE 100 or exempt ___ BIO 202 Earned Grade of “C” or greater

___ AH 130 ___ ENG 101

___ AH 135 ___ MATH 92

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 _____