



MEDICAL ASSISTING

Health Science Program Application Packet Checklist

2024-25 Academic Year

ADMISSION INFORMATION: (Please print legibly.)

Name: _____ Student ID#: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Additional Phone: _____

Preferred email address: _____

NOTE: verify completion of the following before submitting the Admission Packet Checklist:

- Application to the college (completed online through CFNC for Nurse Aide Diploma D45970).
- Health Science Program Interest Form completed online indicating Medical Assisting.
- Official Transcripts: (List all schools attended. Attach additional pages if needed).

☐ High School/Equivalency Institution: _____

☐ College: _____ ☐ College: _____

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ADMISSION REQUIREMENTS: (Please check one box for English and one box for math)

Academic Readiness in English:

- ENGLISH Equivalents (Check only one option that best meets the requirement):

☐ Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with ENG-111 placement. Date taken: _____

☐ Completed ENG 011 or ENG 002 with grade of P, or equivalent

☐ Placement Waiver per high school GPA > 2.8, SAT, or ACT within 10 years of starting semester.

☐ Completed ENG-111 or equivalent. Equivalent Course: _____ College: _____

Academic Readiness in Math:

- MATH Equivalents (Check only one option that best meets the requirement):

☐ Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with MAT-110 or higher placement. Date taken: _____

☐ Completed MAT 010 or MAT 003 with grade of P1, or equivalent.

☐ Placement Waiver per high school GPA > 2.8, SAT, or ACT within 10 years of starting semester.

☐ Completed MAT-110 or higher, or equivalent. Course: _____ College: _____

I certify that the information provided by me on this form is true and accurate to the best of my knowledge and that I understand that I have read and understand the Admission's Requirements packet.

Student Signature

Date