

EMERGENCY MEDICAL SCIENCE (EMT Basic Only)

Health Science Program Application Packet Checklist 2024/25 AY

ADMISSION INFORMA	TION: (Please print legibly	.)		
Name:		Stu	ident ID#:	
Address:	City:			Zip:
Cell Phone:	A	ddition	al Phone:	
Preferred em	ail address:			
NOTE: verify completion of t	he following before submittin	ng the A	dmission Packe	et Checklist:
	ge (completed online through			•
-	Interest Form completed on			
o Official Transcripts: (Lis	t all schools attended. Attach	additic	nai pages ir neo	eded).
	alent:			
College:			College:	
□ College <u>:</u>			College:	
 Completed ENG-111 MATH Equival Placement Test comp MAT-110 or higher placeme Completed MAT 010 	or ENG 002 with grade of P, o or equivalent. Equivalent Cou lents (Check only one box that oleted (RISE, NCDAP or ACCUP nt. Date taken (must be withi or MAT 003 with grade of P1, or higher, or equivalent. Cou	urse: t best m PLACER) n 12 mo or equ	neets the requin within 12 mon b): ivalent.	ement): ths of starting semester with
Anatomy and Physiolog	0			
Completed BIO 168 c	or equivalent. Course:		Colleg	e:
ADDITIONAL REQUIRE	MENTS			
□ EMT Basic Certification ((Spring Start): Expiratio	on Date:		
•	n provided by me on this for I have read and understand t			-
Student Signature			Date	