

Diagnostic Medical Sonography AAS

Application 2025-2026

This application is required for the Diagnostic Medical Sonography program. Review and meet <u>all</u> requirements on this application. (Program requirements are subject to change).

- 1) Completion of <u>all</u> sections of this application <u>*with*</u> signatures from an Academic Advisor. The Academic Advisor will submit the application to the Program Director.
- 2) Applications are accepted on a continuous basis. In the event several applications are received on the same date and time, the student with the highest GPA for the prerequisite courses will be admitted first.
- 3) Applications from a non-qualified student are returned and may be resubmitted <u>after</u> the admission requirements are complete.

| ame | Last Name | |] | First | Middle | Former (if applicable |
|------------|------------------|-------|------|---------------|-----------------|-----------------------|
| ddress _ | Number Si | treet | Apt. | City | State | Zip + 4 Digit Code |
| Cell Phone | e_() | | | Home Pho | one () | |
| choolcraf | ft Email | | | _ Personal | Email | |
| irth Date | Month /Day /Year | | | - | | |
| C Studen | it ID # | | | _ or Social S | Security Number | (Last 4 digits) |

It is the policy of Schoolcraft College that no person shall, based on race, color, national origin, gender, age, marital status, creed, or handicap, be excluded from participating in, be denied of the benefits of, or be subjected to discrimination during any program or activity or in employment.

Section II: To be completed with Academic Advisor

THE ITEMS IN SECTION II ARE REQUIRED. MEET WITH AN ACADEMIC ADVISOR TO OBTAIN APPROPRIATE INITIALS/SIGNATURES.

Diagnostic Medical Sonography Program

Limited Enrollment Application 2025-2026

The Diagnostic Medical Sonography Program requires a Restricted Enrollment Program Change form. To begin this program, you must complete the following with an academic advisor.

| | an Anatomy and Physiology with a grade of 3.0/B or higher. Biology 237 <u>and</u> 238 or his requirement with a grade of 3.0/B or higher. |
|---|--|
| Advisor Initials: | Date: |
| □ has successfully completed □ | has successfully completed |
| BIOL 236 (3.0/B or higher) or \Rightarrow a \Box has successfully completed BIOL 237 and BIOL 238 (both with a 3.0/ | t with a grade of B or higher) or \Rightarrow |
| HIT 100 or equivalent. Complete Introdu grade of 2.0/C or higher will meet this req | action to Medical Terminology with a grade of 2.0/C or higher. HIT 104 with a quirement. |
| Advisor Initials: | Date: |
| □ has successfully completed □ | has successfully completed |
| HIT 100 (2.0/C or higher) or \Rightarrow at \Box has successfully completed HIT 104 (with a 2.0/C or higher) or \Rightarrow | with a grade of |
| DMS 100 Complete Introduction Diagnos | tic Medical Sonography with a grade of 3.0/B or higher. |
| Advisor Initials: | Date: |
| □ has successfully completed | |
| DMS 100 (3.0/B or higher) | |
| | han MATH 113, or equivalent. Complete Technical Mathematics or Intermediate e of 3.0/B or higher. NOTE: must meet MATH prerequisite requirement for PHYS thematics course in this program. |
| Advisor Initials: | Date: |
| □ has successfully completed □ | has successfully completed |
| MATH 102 or 113 (3.0/B or higher) or \Rightarrow | at with a grade of |
| COMA 103 or equivalent. Complete Fu | ndamental of Speech with a grade of 3.0/B or higher. |
| Advisor Initials | Date: |
| □ has successfully completed □ | has successfully completed |
| COMA 103 (3.0/B or higher) or \Rightarrow | at with a grade of |

| PHYS 123 or equivalent. Complete Applied Physics with a grade of 3.0/B or higher. | | | | |
|---|------------------------------|--|--|--|
| Advisor Initials: | Date: | | | |
| □ has successfully completed | □ has successfully completed | | | |
| PHYS 123 (3.0/B or higher) or \Rightarrow | at with a grade of | | | |

Advisor Initials:

Date:

□ has a cumulative GPA of 2.5 *or higher*

DMS ADMISSIONS TEAS EXAM Achieve the required minimum scores on the <u>online</u> TEAS exam (Test of Essential Academic Skills) within two attempts per 12 months. Highest scores in each section on the two attempts will be accepted. Maximum number of overall attempts allowed is four (4) attempts. A third attempt may not be taken until the first attempt expires.

TEAS testing needs to be taken at the Schoolcraft College Testing Center. Scores will NOT be accepted from other institutions.

Students must complete all sections of the TEAS Exam with maximum effort on each attempt plus continue to meet the composite 60% with all attempts.

Minimum scores: Composite 60% (Adjusted Individual Total Score), 68% Reading, 60% English, 60% Math, 50% Science.

□ has achieved the minimum scores on the TEAS Online per requirements:

| | | | Advisor Initials | | Date | Date | |
|-------------------------|-------|------------|------------------|-------|----------|----------|--|
| | | | | | | | |
| 1 st Attempt | Date: | Composite: | Reading: | Math: | Science: | English: | |
| 2 nd Attempt | Date: | Composite: | Reading: | Math: | Science: | English: | |

Section III: Application to be signed by student and Academic Advisor

Academic Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

SUBMIT THIS DMS APPLICATION (with Advisor's initials and signature in all designated areas) to an Academic Advisor. The Academic Advisor will submit the application to the office of Health Professions and the Program Director of the Diagnostic Medical Sonography program. Students will receive notification from the Program Director regarding acceptance and start date.

> Return to: Schoolcraft College Office of Health Professions healthprofessions@schoolcraft.edu 734-462-4770

Please copy: Kelly Warren, BS, RDMS, RVT kwarren@schoolcraft.edu 734-462-7141

To be verified by DMS Program Director

Contact Kelly Warren at kwarren@schoolcraft.edu

Mandatory volunteer/work experience in a hospital/nursing home. Complete a minimum of 20 hours and must provide documentation of hours signed by Supervisor.

Mandatory Attendance at a Diagnostic Medical Sonography information session.

 MANDATORY Volunteer/work experience in a hospital/nursing home. Complete a minimum of 20 hours and must provide documentation of hours signed by Supervisor.

 Program Director Initials:
 Date:

□ has completed documented volunteer hours.

| MANDATORY Attendance at a Diagnostic Medical Sonography information session | | | |
|---|-------|--|--|
| Program Director Initials: | Date: | | |
| □ has attended on information cassion | | | |

□ has attended an information session

Documented Volunteer Hours – Schoolcraft DMS Program

| Documenteu volunteel mours | 0 |
|----------------------------|--------------|
| Date | Hours Worked |
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Location of volunteer hours

Student name _____

| Supervisor Signature | Date |
|----------------------|------|
|----------------------|------|

Supervisor email address: