



This application is required to apply to the Health Information Technology Program. To be accepted to the Health Information Technology Program, students must:

- 1) Be admitted to Schoolcraft College.
2) Meet all requirements on this application. Program requirements are subject to change.
3) Submit appropriate transcripts.
4) Complete assessment requirement unless exempt.
5) Meet with an academic advisor to develop a program plan, review your progress toward meeting program requirements and to obtain appropriate signatures.
6) Complete all sections of this application with signatures from an academic advisor.

Section I: To be completed by student

Demographic information on this application must match the information on record in the Registration Center at Schoolcraft College.

Name

Last Name First Middle Former (If Applicable)

Address

Number Street Apt. City State Zip + 4 Digit Code

Day Phone

( )

Evening Phone

( )

Email

Birth Date

Month / Day

Student Number

Social 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 the benefits of, or be subjected to discrimination during any program or activity or in employment.

**Section II: To be completed with an Academic Advisor**

**THE ITEMS IN SECTION II ARE REQUIRED. MEET WITH AN ACADEMIC ADVISOR TO OBTAIN APPROPRIATE SIGNATURES BEFORE APPLYING TO THE PROGRAM.**

**Part A: ASSESSMENT TESTING** Take an assessment test unless you are exempt (approved by an academic advisor). Assessment Test scores are valid for three years.

Student:

- has taken assessment test or  
 is exempt

Academic Advisor Signature

Date

--	--

**Part B: PROFICIENCY Attain** the minimum Assessment Scores listed below or successfully complete appropriate developmental courses to improve your skills. Assessment Test Scores are valid for up to three years.

Minimum Scores:	NGA	SAT (Digital)	SAT (Paper/Pencil)	Overall HS GPA
English/Writing	250+	500+	25+	2.8+
Reading	250+	490+	25+	2.8+
Math	AR=260+ or QRAS=230+	430+	22+	2.8+

Test Score or GPA

Academic Advisor Signature

Date

Test Score or GPA	Academic Advisor Signature	Date
English/Writing		
Reading		
Math		

**Part C: BIOL 236 or BIOL 237 and 238 or equivalent.** Complete an Anatomy and Physiology course with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.

Student:

Academic  
Advisor Signature

Date

- has successfully completed BIOL 236 (2.0/C or better) or  
 has successfully completed BIOL 237 and BIOL 238 (2.0/C or better) or
- has successfully completed \_\_\_\_\_ at \_\_\_\_\_ with a grade of \_\_\_\_\_

--	--

**Part D: HIT 104 Complete** Medical Terminology with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.

Student:

Academic  
Advisor Signature

Date

- has successfully completed HIT 104 (2.0/C or better) or
- has successfully completed \_\_\_\_\_ at \_\_\_\_\_ with a grade of \_\_\_\_\_

--	--

**Part E: CIS 120 Complete** Software Applications with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.

Student:

Academic Advisor Signature

Date

- has successfully completed CIS 120 (2.0/C or better) or
- has successfully completed \_\_\_\_\_ at \_\_\_\_\_ with a grade of \_\_\_\_\_

--	--

**Part F: CUMULATIVE COLLEGE GPA** Attain a 2.0 or better cumulative grade point average at Schoolcraft College.

Student:

Academic  
Advisor Signature

Date

Student has Schoolcraft College cumulative GPA of 2.0 or better.

**Section III: Application to be signed by student**

**X**

Applicant Signature

Date

Return to:  
Schoolcraft College Records  
Phone: 734-462-4677  
Email: srecord@schoolcraft.edu



**Schoolcraft  
College**

## **Health Information Technology Restricted Enrollment Program Change Form**

Once you have met the requirements on the HIT Application you will qualify to be admitted into the program. Meet with an Academic Advisor to complete the program change.

**Please Print:**

Student Name: \_\_\_\_\_  
                            First                            Middle Initial                            Last

Student Number: \_\_\_\_\_ or Social Security Number (last four digits) \_\_\_\_\_

Month and Day of Birth \_\_\_\_/\_\_\_\_

Current Academic Program Name: \_\_\_\_\_

Current Academic Program Number: \_\_\_\_\_

**Choose one:**

New Academic Program Name: Health Information Technology Program

New Academic Program Number: AAS.00153

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

Schoolcraft College  
Records Office Room 165  
McDowell Student Center  
18600 Haggerty Road, Livonia, MI 48152  
Phone: 734-462-4677  
Email: screcord@schoolcraft.edu