Schoolcraft College

Coding Specialist Program
Restricted Enrollment Application 2026-2027

The Coding Specialist Program requires a Restricted Enrollment Program Change. To begin this program, students must complete the following form and meet with an Academic Advisor.

> ***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.*

ASSESSMENT
Student:

☐ has taken the NGA ⇒   ☐ is exempt from assessment

☐ has submitted ACT or SAT scores ⇒

Minimum Scores:	*NGA*	*SAT (Digital)*	*SAT (Paper/Pencil)*	*Overall HS GPA*
English/Writing	250+	500 +	25+	1.8+
Reading	250+	490 +	25+	1.8+
Math	AR=240+ or QRAS=220+	430 +	22+	1.8+

Student:

Has met minimum **English** requirement. Test/Score: _____

Has met minimum **reading** requirement. Test/Score: _____

Has met minimum **math** requirement.   Test/Score: _____

> *BIOL 236 or BIOL 237 and 238 or equivalent.* ***Complete an anatomy and physiology course with a grade of 2.0/C or better. Student may complete an equivalent college course to satisfy this requirement.***

Student:

☐ has successfully completed BIOL 236 (2.0/C or better) or ⇒   ☐ has successfully completed _____

at_____ with a grade of _____

☐ has successfully completed BIOL 237 and BIOL 238 (2.0/C or better) or ⇒

> *HIT 104 -* ***Complete Medical Terminology with a grade of 2.0/C or better.***

Student:

☐ has successfully completed HIT 104 (2.0/C or better) or ⇒   ☐ has successfully completed _____

at_____   with a grade of _____

> *CIS 120 -* ***Complete Software Applications with a grade of 2.0/C or better.***

Student:

☐ has successfully completed CIS 120 (2.0/C or better) or ⇒   ☐ has successfully completed _____

at_____ with a grade of _____

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

Student:

☐ Has a cumulative GPA of 2.0 *or better.*

Academic Advisor Signature: _____ Date**:** _____

Schoolcraft College

Restricted Enrollment Program Change Form
Coding Specialist

Please Print:

Student Name: _____
    Last   First   Middle Initial

Student Number: _____ or Social Security Number (last four digits) _____

Month and Day of Birth _____/_____

Current Academic Program Name: _____

Current Academic Program Number: _____

New Academic Program Name: Coding Specialist

New Academic Program Number: 1YC.00240

Semester to Take Effect:

☐ Summer _____   ☐ Fall _____
        (year)   (year)

☐ Winter _____   ☐ Spring _____
        (year)   (year)

✎ Academic Advisor Signature: _____ Date: _____

✎ Student Signature: _____ Date: _____

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