



**Schoolcraft
College**

Diagnostic Medical Sonography AAS

Application 2026-2027

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

- 1) Completion of all sections of this application with 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 after the admission requirements are complete.

Section I: To be completed by student.

Demographic information on this application **must** match the information in the registration center Schoolcraft College.

Name _____
Last Name _____ First _____ Middle _____ Former (if applicable) _____

Address _____
Number _____ Street _____ Apt. _____ City _____ State _____ Zip + 4 Digit Code _____

Cell Phone (_____) _____ **Home Phone** (_____) _____

Schoolcraft Email _____ **Personal Email** _____

Birth Date _____
Month /Day /Year _____

SC Student ID # _____ **or 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 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.

BIOL 236 or equivalent. Complete Human Anatomy and Physiology with a grade of 3.0/B or higher. Biology 237 and 238 or the equivalent to these courses will meet this 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 ⇒ at _____ with a grade of _____
 has successfully completed
BIOL 237 and BIOL 238 (both with a 3.0/B or higher) or ⇒ _____

HIT 100 or equivalent. Complete Introduction to Medical Terminology with a grade of 2.0/C or higher. HIT 104 with a grade of 2.0/C or higher will meet this requirement.

Advisor Initials: | **Date:**

has successfully completed has successfully completed _____
HIT 100 (2.0/C or higher) or ⇒ at _____ with a grade of _____
 has successfully completed
HIT 104 (with a 2.0/C or higher) or ⇒ _____

DMS 100 Complete Introduction Diagnostic Medical Sonography with a grade of 3.0/B or higher.

Advisor Initials: | **Date:**

has successfully completed
DMS 100 (3.0/B or higher)

MATH 102, MATH 113, MATH higher than MATH 113, or equivalent. Complete Technical Mathematics or Intermediate Algebra for College Students with a grade of 3.0/B or higher. NOTE: must meet MATH prerequisite requirement for PHYS 123. MATH 111 is not an acceptable mathematics course in this program.

Advisor Initials: | **Date:**

has successfully completed has successfully completed _____
MATH 102 or 113 (3.0/B or higher) or ⇒ at _____ with a grade of _____

COMA 103 or equivalent. Complete Fundamental 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 ⇒ 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 _____
PHYS 123 (3.0/B or higher) or \Rightarrow at _____ with a grade of _____

CUMULATIVE COLLEGE GPA Attain a 2.5 or higher cumulative grade point average at Schoolcraft College.

Advisor Initials:

| Date:

has a cumulative GPA of 2.5 or higher

DMS ADMISSIONS TEAS EXAM Achieve the required minimum scores on the [online](#) 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

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1st Attempt	Date:	Composite:	Reading:	Math:	Science:	English:
2nd 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 an information session

Documented Volunteer Hours – Schoolcraft DMS Program

Location of volunteer hours

Student name _____

Supervisor Signature _____ Date _____

Supervisor email address: