



**Schoolcraft
College**

Health Information Technology Restricted Enrollment Application 2026-2027

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
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
<input type="radio"/> 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: screcord@schoolcraft.edu



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: srecord@schoolcraft.edu