The Emergency Medical Technology – Paramedic Program requires a Restricted Enrollment Program Change. To begin this program, students must complete meet with an Academic Advisor.

**ASSESSMENT**
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. 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.

**Student:***
- ☐ has submitted SAT or ACT scores
- ☐ is exempt from assessment
- ☐ has taken the CPT or NGA

<table>
<thead>
<tr>
<th>Minimum Scores:</th>
<th>CPT</th>
<th>NGA</th>
<th>ACT</th>
<th>SAT (March 2016)</th>
<th>Overall HS GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing</td>
<td>51+</td>
<td>237</td>
<td>15+</td>
<td>22+</td>
<td>1.8+</td>
</tr>
<tr>
<td>Reading</td>
<td>70+</td>
<td>250</td>
<td>18+</td>
<td>25+</td>
<td>1.8+</td>
</tr>
<tr>
<td>Numerical/Arithmetic</td>
<td>75+</td>
<td>AR=260 or QRAS=230</td>
<td>19+</td>
<td>25+</td>
<td>1.8+</td>
</tr>
</tbody>
</table>

**PROFICIENCY**

**Student:**
- ☐ has met minimum **English** score or ⇒ ☐ has successfully completed ENG 050 or higher with a 2.0/C or better
- ☐ has met minimum **reading** score or ⇒ ☐ has successfully completed COLLS 053 or higher with a 2.0/C or better
- ☐ has met minimum **math** score or ⇒ ☐ has successfully completed MATH 047 or higher with a 2.0/C or better

**BIOL 101 or equivalent.** Complete one semester of **General Biology** with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement. BIOL 101 is not waived by completing Anatomy and Physiology.

**Student:**
- ☐ has successfully completed BIOL 101 (2.0/C or better) or ⇒ ☐ has successfully completed ____________________________
  at______________________ with a grade of ______________

**BIOL 236 or equivalent.** Complete one semester of **Human Anatomy and Physiology** with a grade of 3.0/B or better. You may complete an equivalent college course to satisfy this requirement.

**Student:**
- ☐ has successfully completed BIOL 236 (3.0/B or better) or ⇒ ☐ has successfully completed ____________________________
  at______________________ with a grade of ______________
- Or ☐ has successfully completed BIOL 237 and BIOL 238 (3.0/B or better) or ⇒
EMT 115 Complete Emergency Medical Technology-Basic with a grade of 2.7 or better. You may present a valid State of Michigan EMT-Basic License to satisfy this requirement.

Student:
☐ has successfully completed EMT 115 (2.7 or better) or ⇒
☐ has successfully completed EMT ________________ at__________________ with a grade of ____________
☐ presented valid State of Michigan EMT-Basic License

CUMULATIVE COLLEGE GPA Attain a 2.0/C or better cumulative grade point average.

Student:
☐ has a cumulative GPA of 2.0 or better

Academic Advisor Signature: ____________________________ Date: _______________
Emergency Medical Technology
Restricted Enrollment Program Change Form

Once you have met all the requirements on the EMT Application you will qualify to be admitted into the full program. Meet with an academic advisor to complete the program change.

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: ___________________________________

Pick One:

☐ Academic Program Name:   Emergency Medical Technology: Paramedic AAS Degree
 Academic Program Number:   AAS.00250

OR

☐ Academic Program Name:   Emergency Medical Technology: Paramedic Certificate
 Academic Program Number:   1YC.00024

Semester to Take Effect:

☐ Summer ___________ (year)    ☐ Fall ___________ (year)

☐ Winter ___________ (year)    ☐ Spring ___________ (year)

☒ Academic Advisor Signature: ___________________________________________ Date: ____________

☒ Student Signature: _________________________________________________ Date: ____________

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