

Health Information Technology

Restricted Enrollment Application 2024-2025

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 <u>all</u> 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 | F | Former (If Applicable) |
| Address | | | | | | | |
| | Number | Street | Apt. | City | | State | Zip + 4 Digit Code |
| Day Phone | () | | | Evening Pl | hone <u>(</u> |) | |
| Email | | | | Birth Date | | | |
| | | | | | Month / Da | ay | |
| | | | | | | | |
| Student Number | | | | Social Secu | ırity Number | | |
| | | | | | - | Las | t 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.

| | | | Academic Advisor Signa | ture Date |
|-------------------------------|--|--|--|----------------------------------|
| ken assessment test ompt | or | | | |
| | | pelow or successfully | v complete appropriate deve | lopmental courses to |
| essment Test Scores at | e vana jor up to un ee years. | | | |
| CPT | NGA | ACT | SAT March 2016 | Overall HS GPA |
| 71 + | 250 | 18+ | 25+ | 2.8+ |
| | 250 | 18+ | 25+ | 2.8+ |
| AR=75+ or EA=28+ | AR=260 or QRAS=230 | 16+ | 22+ | 2.8+ |
| | | Test Score or Course | Academic Advisor Signa | iture Date |
| | | | | |
| | | | | |
| | | | | |
| | | Inatomy and Physioi | | |
| | | | | Date |
| npleted BIOL 236 | O has successfully comple | eted | | |
| | | | | |
| apleted BIOL 237 | | | | |
| , | inology with a grade of 2.0/C or | r hetter. You may co | omplete an eauivalent colleg | re course to satisfy this |
| | | | <i>1</i> 1 | |
| 1 4 1 1 1 1 1 1 0 4 / 2 0 / 4 | | . 1 | Academic Advisor Signature | Date |
| apieled H11 104 (2.0/C | | | | |
| | at | | | |
| | with a grade of | | | |
| nplete Software Appli | cations with a grade of 2.0/C or | r better. You may co | omplete an equivalent colleg | re course to satisfy this |
| | | | Academic Advisor Signa | ture Date |
| npleted CIS 120 | O has successfully comple | eted | | |
| | | | i e | ı |
| 1 | at | | | |
| | CPT 71+ 70+ AR=75+ or EA=28+ O has successfull ENG 055 or hi O has successfull COLLS 053 or O has successfull MATH 047 or BIOL 237 and 238 lent college course to some pleted BIOL 236 pleted BIOL 237 C or better) or mplete Medical Terminal properties of the plete of the plet | CPT NGA 71 + 250 70 + 250 AR=75+ or EA=28+ O has successfully completed ENG 055 or higher with a 2.0/C or better O has successfully completed ENG 1053 or higher with a 2.0/C or better O has successfully completed ENG 1053 or higher with a 2.0/C or better O has successfully completed ENG 1053 or higher with a 2.0/C or better O has successfully completed MATH 047 or higher with a 2.0/C or better O has successfully completed MATH 047 or higher with a 2.0/C or better O has successfully completed MATH 047 or higher with a 2.0/C or better BIOL 237 and 238 or equivalent. Complete an Alent college course to satisfy this requirement. Impleted BIOL 236 O has successfully completed BIOL 237 Cor better) or Impleted Medical Terminology with a grade of 2.0/C or male at with a grade of 2.0/C or male at with a grade of 2.0/C or male at grade of 2.0/C | CPT NGA ACT 71 + 250 18+ 70 + 250 18+ AR=75+ or EA=28+ O has successfully completed ENG 055 or higher with a 2.0/C or better O has successfully completed MATH 047 or higher with a 2.0/C or better O has successfully completed MATH 047 or higher with a 2.0/C or better BIOL 237 and 238 or equivalent. Complete an Anatomy and Physiolent college course to satisfy this requirement. BIOL 237 with a grade of 2.0/C or better. You may completed HIT 104 (2.0/C) O has successfully completed at with a grade of at at at at and | CPT NGA ACT SAT March 2016 |

| Part L: CUMULATIVE COLLEGE GPA Attain a 2.0 or better cumulative grade point aver | rage at Schoolcraft College. | |
|---|-------------------------------|------|
| Student: | Academic Advisor Signature | Date |
| O Student has Schoolcraft College cumulative GPA of 2.0 <i>or better</i> . | | |

Section III: Application to be signed by student



Applicant 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



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.

| Pleas | e Print: | | | | |
|--------------|--|----------------------|--------------------------|--|--|
| Stude | ent Name: First | Middle Initial | Last | | |
| Stude | nt Number: | or Social Security N | umber (last four digits) | | |
| Month | n and Day of Birth/ | - | | | |
| | Current Academic Program Na | me: | | | |
| | Current Academic Program Nu | mber: | | | |
| Choo | se one: | | | | |
| 0 | New Academic Program Name | : Health Information | Technology Program | | |
| | New Academic Program Number: AAS.00153 | | | | |
| | | | | | |
| r Aca | ndemic Advisor Signature: | | Date: | | |
| rd≥Stu | dent 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