

TYPE OR PRINT

GROSSMONT COLLEGE
APPLICATION FOR ADMISSION
CARDIOVASCULAR TECHNOLOGY PROGRAM



I AM APPLYING FOR FALL SEMESTER 20 _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

OTHER OFFICIAL NAME: _____
(If your records show a name different from above)

PRESENT ADDRESS: _____
(Street)

(City) (State) (Zip Code)

PERMANENT ADDRESS: _____
(If Different from Above)

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NO: _____

HIGH SCHOOL: _____
(City/State) (Year Graduated)

COLLEGE AND/OR OTHER POST HIGH SCHOOL EDUCATION NAME OF COLLEGE DATE OF COMPLETION	YEARS ATTENDED	DEGREES
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DID YOU LEARN OF THE GROSSMONT COLLEGE CARDIOVASCULAR TECHNOLOGY PROGRAM? _____

PREREQUISITE COURSES (<u>In Progress or To Be Taken</u>)	COLLEGE ATTENDING	ANTICIPATED DATE OF COMPLETION
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPLETED PREREQUISITES:

	COURSE NUMBER	TOTAL UNITS	LAB YES	COURSE NO	YEAR COMPLETED	NAME OF COLLEGE	GRADE RECEIVED
CHEMISTRY	_____	_____	—	—	_____	_____	_____
ANATOMY	_____	_____	—	—	_____	_____	_____
PHYSIOLOGY	_____	_____	—	—	_____	_____	_____
A&P I	_____	_____	—	—	_____	_____	_____
A&P II	_____	_____	—	—	_____	_____	_____

(Office Use Only)
TRANSCRIPT GRADE
VERIFIED

OVER PLEASE

FOR OFFICE USE ONLY:
GPA: _____

BASIC SKILLS (not required for admission):

PLEASE COMPLETE THE FOLLOWING ITEMS FOR PROGRAM INFORMATION. THEY ARE NOT REQUIRED FOR ADMISSION. (For Data Collection Purposes Only)

	COURSE NUMBER	TOTAL UNITS	LAB YES	COURSE NO	YEAR COMPLETED	NAME OF COLLEGE	GRADE RECEIVED	N/A (Not Taken)
Math 103 or higher	_____	_____			_____	_____	_____	_____
English 120	_____	_____			_____	_____	_____	_____
Electrocardiography: Basic	_____	_____	_____	_____	_____	_____	_____	_____
Electrocardiography: Advanced	_____	_____	_____	_____	_____	_____	_____	_____

WORK EXPERIENCE IN THE ALLIED HEALTH FIELD Yes: _____ No: _____
(If YES, please describe in detail. Include Title, Responsibilities, and Years of Experience).

PRIOR ACADEMIC PREPARATION (highest degree/certificate achieved) Institution: _____

HS/GED _____ AA/AS _____ BA/BS _____ MA/MS _____ Doctorate _____

Do you have prior Military Medical Training? YES: _____ NO: _____

If YES, Please describe: _____

SECOND LANGUAGE PROFICIENCY (Read, write, and speak fluently): _____

(Language)

DO YOU HAVE A PRIOR APPLICATION/TRANSCRIPTS ON FILE WITH CVT OFFICE: Yes _____ No _____ Year _____

It is the responsibility of the applicant to ensure that all transcripts have been received by the Cardiovascular Technology Office and that all information on the application is correct and remains up to date.

The Grossmont-Cuyamaca Community College District and Grossmont College do not discriminate on the basis of race, religion, color, national origin, sex (including sexual harassment), handicap (including physical and mental disability), medical condition, age, status as a Vietnam-era veteran, martial status, or economic status in any of their policies, procedures, or practices. This nondiscrimination policy covers admission and access to, as well as treatment and employment in, the College's programs and activities, including vocational education.

MAIL APPLICATION TO: Cardiovascular Technology Program
Grossmont College
8800 Grossmont College Drive
El Cajon, CA 92020-1799

Signature: _____

Date: _____