



## NOTICE TO PROGRAM APPLICANTS

The Health Sciences Department makes every effort to provide an understandable application process by insuring each applicant has the necessary information for application completion. It is the student's responsibility to review the application requirements and selection criteria for the individual program to which they are applying as some programs have additional requirements beyond those listed as for the Health Sciences Department. Application requirements and selection criteria are subject to change. Please visit each program's website for detailed information about their program's application and selection process.

All applicants have equal opportunity to contact the program director prior to submitting their application. Each program reserves the right to consider an applicant ineligible for program admission if he/she neglects any part of the stated requirements for application or selection. Fulfilling all application criteria does not guarantee acceptance into a program as program size is limited. Acceptance to any Health Sciences Department Program is subject to completion of a background check and drug screen.

Health Sciences Department front office personnel are able to assist you with general application questions you may have. However, it remains the responsibility of the applicant to follow all written instructions for application submission and selection criteria.

Alamo Colleges District, St. Philip's College, the Health Sciences Department and its programs are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understand this notice, you will be asked to confirm with your signature on the Health Sciences Department Application.



## STUDENT APPLICATION FORM

Program Applying For: DIAGNOSTIC MEDICAL SONOGRAPHY					USA Exam Completion Date:	
Name: (Last, First, MI)					SS#: St. Philip's College Student? Banner ID#:	
Street Address		Apt #	City	State	Zip	ACES Email:
Cell Phone: Re-applicant Yes No						
College/University Attended (include attachments as necessary)					Degree	Hours Completed
Employment History Employer (include attachments as necessary)					Job Title	Dates
Are you eligible to work in the United States? Yes____No ____						
Convicted of a felony? Yes____No____ Convicted of a misdemeanor? Yes____No ____						
Enrollment into the Healthcare Science and Early Childhood Department by students with felony convictions could result in denial of licensure or certification. These students would not be eligible for admission into the program until a declaratory order process is completed with the licensure or certification board and proof of eligibility for licensure or certification is provided.						
Medical Emergency						
Name:		Relationship			Phone Number	

***I understand that falsification of any information on my application will automatically disqualify me as an applicant for admission and will result in my being dropped from the any program in the Healthcare Science and Early Childhood Department.***

***I have read and understand the Notice to Program Applicants.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date