

WEST SHORE COMMUNITY COLLEGE MRI PROGRAM ADMISSION APPLICATION

Please note that the due date of the MRI program admission application is February 1.

Please make sure the information provided is accurate. Letters of acceptance or denial will be emailed to the email address you provide in the application.

Once you start the online application you need to finish and submit. You cannot return to an application if you leave it.

- 1. Student ID# (if already a WSCC student) _____
- 2. Name _____
- 3. Address _____

- 4. County _____ Township _____
- 5. Phone# _____ Email _____

Prerequisite Information

Students must have successfully completed all prerequisites or be actively enrolled in the prerequisites at the application deadline. If the applicant is actively enrolled in classes when submitting this application, those grades will be included in the admissions process providing they are posted by May 30th.

Must have a C or better in each of the prerequisite course.

- 6. Please check each of the prerequisites that you have completed or are currently enrolled in.
 ALH 104 ANP 230 ANP 231 MTH 161 PSY 161 PHY 232
 ENG 111 COM 110 or COM 206 Humanities Elective
- 7. Month and Year the prerequisites were completed, or completion is expected.
If answer is "Other" then please note anticipated Month and Year of completion.
 Completed by time of application submission.
 Other _____
- 8. All prerequisite courses have been taken two times or less. Prerequisites may only be taken twice, and withdrawals count as an attempt of taking the class.

9. If you answered No to Question 8, have you previously received an exemption for any prerequisite taken three times? Please list the course(s) for which you received an exemption. _____

Transfer Students

10. For transfer students, all official transcripts have been sent to the WSCC Registrar?
11. For transfer students, list all institutions from which you expect to transfer prerequisite coursework.
Example: Central Michigan College, Lansing Community College

WSCC Credits

12. Number of credits successfully completed at WSCC as of application submission date. ____
13. If a current WSCC student, how many credits are you taking currently? ____

Previous Earned Degrees

14. I have a previous earned degree.
15. If yes to above question, please list degree earned and the educational institution where the degree was earned.
Example: Medical Assistant Associate of Applied Arts and Sciences from WSCC

Health Care Work or Health Care Volunteer Experience

16. Do you have previous Health Care Work or Health Care Volunteering Experience?
- Health Care **Work** Experience Health Care **Volunteer** Experience

Additional Requirements/Statements

17. By checking this box, I certify that my answers are true and complete to the best of my knowledge. I am responsible for assuring all documents are received and all required are completed to apply. Late documents will NOT be accepted for consideration.
__I agree to and understand this statement.
18. Final acceptance into the MRI program is pending a clear criminal background check and drug screening. These tests will be at the students' expense.
__I agree to and understand this statement.
19. Immunizations/vaccinations and CPR/First Aide certification will be required for clinical education.
__I agree to and understand this statement.

Signature _____ Date _____