



# Health Information Technology Program Application

Applications deadline is June 1<sup>st</sup>.

Applications received after June 1<sup>st</sup> will be considered on a space available basis.

**Prior to APPLICATION to the program, the following must be complete:**

- Yes  No WSCC college application submitted to Admissions (If first time to attend WSCC)
- Yes  No Student re-entry form submitted to Admissions. (For students who have not attended WSCC within the last 2 semesters)
- Yes  No Declared HIT major in Admissions office
- Yes  No Official transcripts from all colleges previously attended submitted to WSCC Admissions **before June 1**
- Yes  No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes  No Official COMPASS scores submitted to WSCC Admissions
- Yes  No Official ACT score submitted to WSCC Admissions
- Yes  No Any other documents required by Admissions
- Yes  No Attach copies of unofficial transcripts from all colleges previously attended to program application (including WSCC)
- Yes  No Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes  No Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)

Date of Application: \_\_\_\_\_ Plan to Enter Program: \_\_\_\_\_ Year \_\_\_\_\_

WSCC Student No.: \_\_\_\_\_ (If you do not know number, contact Admissions)

Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial Maiden

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you plan to take online classes?  Yes  No  Combination

Have you applied to other allied health or nursing programs? If yes please list in order of preference for admission:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever attended college?  Yes  No **If yes please fill in information below:**

College	City/State	Diploma or Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____

**Indicate course grade or planned semester of completion (all courses should be complete before June 1).**

Grade	Class	Credit Hours	Official Use	Semester of completion:
	ORI 101 Orientation to College	1		
	ENG 101 English Composition I	3		
	ENG 102 English Composition II	3		
	*BIO 201 Human Anatomy & Physiology I	4		
	*BIO 202 Human Anatomy & Physiology II	4		
	HUM Humanities/Fine Arts Elective	3		
	MTH 116 Mathematical Applications	3		
	CIS 146 Microcomputer Applications	3		
	History, Social & Behavioral Sciences Elective	3		

\*BIO 103 is prerequisite to BIO 201 and BIO 202

Compass Test Scores \_\_\_\_\_ Reading (within last 3 years) ATTACH Copy of Compass score with program application.

ACT Score \_\_\_\_\_ (if not taken, date you plan to take - score must be submitted by June 1) ATTACH Copy of ACT with program application.

All unofficial transcripts MUST be included with program application (including WSCC).

I certify that the information on this application is complete and accurate.

\_\_\_\_\_  
Student Signature Date

**Mail completed application to:**

Health Information Technology Program  
Attn: Donna Stanley (#95)  
Wallace State Community College  
P. O. Box 2000, Hanceville, AL 35077-2000

**For official use only:**

Date Application Received: \_\_\_\_\_ Application Complete:  Yes  No  
Application Reviewer's Initials: \_\_\_\_\_ Additional documentation required: \_\_\_\_\_