



MEDICAL ASSISTING

Health Science Program Application Packet Checklist

Application deadline for Fall 2020: **June 30, 2020**

Note: Incomplete forms will not be accepted or processed

ADMISSION INFORMATION: (Please print legibly.)

Name: _____ Student ID#: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Additional Phone: _____

Preferred email address: _____

NEW STUDENTS ONLY

CCC Application completed through CFNC for Nurse Aide Diploma (D45970):

Residency Number: _____

ALL STUDENTS

Health Science Program Interest Form: completed indicating Medical Assisting (electronic form): Date submitted: _____

Official Transcripts: (List all schools attended. Attach additional pages if needed.)

High School/Equivalency Institution: _____

College: _____ College: _____

College: _____ College: _____

ADMISSION REQUIREMENTS: (Please check all that apply unless otherwise instructed.)

Academic Readiness in English and Math:

- ENGLISH Equivalents (Check the most current option):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with ENG-111 placement. Date taken: _____

Completed DRE-098 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed ENG-111 or equivalent. Equivalent Course: _____ College: _____

- MATH Equivalents (Check all that apply):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with MAT-110 or higher. Date taken: _____

Completed DMA-010 through DMA-030 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed MAT-110 or higher, or equivalent. Course: _____ College: _____

I certify that the information provided by me on this form is true and accurate to the best of my knowledge and that I understand that I have read and understand the Admission's Requirements packet.

Student Signature

Date