Yearly Application Process for Acceptance in the Clinical Programs

Directions:
Application documents are to be submitted to the address below, no earlier than the 15th and postmarked by the 30th for consideration for the following Fall semester start (Summer start in the case of: Accelerated Nursing and Medical Laboratory Science & MLT, Molecular Diagnostics).

If you are mailing the materials, please use a return receipt service through your preferred postal delivery service so that you can be assured your materials were received.

College of Health Professions Student Academic Affairs Office [VFS 209]
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

1. Refer to the website for assistance (Q&A, forms, policy for admissions)
   http://www.ferris.edu/HTMLS/colleges/alliedhe/Admission-to-the-Clinical-Programs.htm

   • Contact Information: CHP Pre-Professional Advisors: Linda Kuk, or Natalia Carvalho-Pinto
     alliedhealth@ferris.edu 1-800-GO-BULLDOGS, ext. 2270; Office: VFS 209, chp@ferris.edu

   • Please refer to the program Progression Policy for guidelines regarding repeated science and math
courses (CHEM & BIOL & MATH) available at the program website
   http://www.ferris.edu/HTMLS/colleges/alliedhe/

2. For Admission to the Professional / Clinical Sequence:

   • Students must officially apply to the professional sequence between:
     January 15th – January 30th for ALL programs except Traditional Nursing
     (TRADITIONAL NURSING apply ONLY – March 15th - March 30th note the date change)

     • You must meet your qualification the end of Fall semester for the following programs:
       RADI-Radiography, DMS-Sonography

     • You must meet your qualifications the end of Spring semester for the following programs, but you can apply if
       they are in progress.
       NURS- Nursing, RESP-Respiratory Care, DHYG-Dental Hygiene,
       MLS-Medical Laboratory Science, MLT-Medical Laboratory Technology, DMOL-Molecular Diagnostics

   • NOTE: GPA requirement for DHYG & NURS due at the time you apply.
   • You must be currently enrolled at FSU or accepted for the next academic year.
   • You must be enrolled or accepted in the “pre program” you are applying, as your primary or secondary degree.

3. Application Documents REQUIRED for a complete application packet:
   a) Qualification Check List for your appropriate program
   b) Signed Application form, for your appropriate program
   c) Copies of unofficial transcripts from ALL colleges attended after high school. REQUIRED even if official copies
      have been sent to FSU.
   d) Copies of ACT scores if your score meets the program math requirement.

4. Complete all of the information on your qualification check sheet and application form in its entirety.
   Make sure you complete all “white cell” boxes or the application is incomplete. Please complete all sections and
   attach appropriate documentation as directed.
   Incomplete application materials will not be reviewed and the applicant will not be considered for admission

5. You will be notified by:
   March 15th for the January application cycle / May 1st for the traditional nursing application cycle.
# 2015 Qualification Check List

Required for Diagnostic Medical Sonography Program

<table>
<thead>
<tr>
<th>List ALL Colleges Attended:</th>
<th>OVERALL GPA of each college</th>
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<tbody>
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<td>1)</td>
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<td>2)</td>
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<td>3)</td>
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## Course / Qualifiers

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>MET (office use only)</th>
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### Math Competency:
- **MATH 115 or MATH 117** or ACT math subscore of 24 or higher
- No more than 2 attempts (including withdraws)

<table>
<thead>
<tr>
<th>Minimum Credits</th>
<th>Minimum Grade Required</th>
<th>Semester Taken (i.e., Fall Yr, Spring Yr or Summer Yr)</th>
<th>College Where Course Taken</th>
<th>Grade(s) (Or GPA) (Or Credit) (Or IP) In Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4</td>
<td>ACT score Or B-</td>
<td></td>
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</table>

| ENGL 150 English 1 | 3 | C- |
| COHP 100 Medical Vocabulary | 1 | C |
| BIOL 109 Anatomy & Physiology | 4 | B- |
| PHYS 130 Concepts in Physics | 4 | B- |

Note: If you qualified prior to Fall 2013 you will fall under the old criteria and retain your status as a qualified student.

- See: Application Form on the Next Page

Updated: 05/13/14
### 2015 Application for Diagnostic Medical Sonography Program to the Professional Sequence

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
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<tbody>
<tr>
<td><strong>FSU ID</strong></td>
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**Note:** All correspondence related to this application will be sent to this address

**Current Address:**  
**City/State/Zip:**  

**Phone number** _______________  **Alternate number** __________________________

**Current Email Address**  

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**I have met all of the requirements to qualify for admission to the Diagnostic Medical Sonography Program as verified by the attached documentation. Check all attached:**

- **Qualification check list** reflecting completion of pre-requisites with the required grades as designated by the nursing program. This checklist form is available on the COHP and School of Nursing websites. Please fill in all white boxed/blank areas.

- **Attach unofficial transcripts** from FSU and/or other institutions reflecting all completed coursework to date and/or enrolled in this semester. **Required** even if they have been submitted to FSU.

- **Copy of ACT scores** for students who did not complete a math course because they had the proficient ACT score.

- **Other** (Specify special documentation to clarify coursework, etc.):

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**I verify that the information provided with this application is accurate. I am accepted or enrolled as a Pre-Diagnostic Medical Sonography Major for either my primary or secondary FSU program (no documentation is needed).**

**Student Signature**  
**Date**

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**For College or Department Use Only:**

**Qualifying Semester** ______________ | **Priority Date** ______________

**Comments:**  

**Approved to start:** _______  **Not approved to start:** _______  **Qualified:** _______  **Not Qualified:** _______

**Signature:** __________________________  **Date:** __________________________