



9. \_\_\_\_ Submitted a Transcript Evaluation Request Form (\$15 fee) to the Office of Admissions and Advising (if applicable) and requested official college transcripts from my previous postsecondary institutions if I wish to transfer course work.
10. \_\_\_\_ If I have completed all course work and am admitted to the program, I will complete the Health Science Division's Health Form and submit it, with documentation of vaccinations and immunizations, to the Health Science Division (ST-149) **by January 15.**
11. \_\_\_\_ If I have completed all course work and am admitted to the program, I will complete the **American Heart Association Health Care Provider CPR** course and submit proof of completion to the Health Sciences Division (ST-149) **by January 15.**
12. \_\_\_\_ Met with an allied health counselor in the Office of Admissions and Advising and/or with the CVT Program Director.

**I also understand the following:**

All science, math and CARD courses must be completed with a grade of C or higher. Biology and Physics courses should not be over **ten years old** prior to beginning CVT course work. Anatomy and Physiology I and II can not be over **five years old** prior to beginning CVT course work. Exceptions *may* be made on a case-by-case basis.

Additional courses are required to complete the degree program, including ENGL-121, SPCH-110 and SOCI-101.

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Applicant's Signature

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Date of Signature