

## ASSOCIATE IN APPLIED SCIENCE DIAGNOSTIC MEDICAL SONOGRAPHY WEIGHTED ADMISSION FORM 2024

Use the save button to make changes and update your form as you are working through Phase I

Once you have completed the form, all documents have been uploaded and you wish to make your formal application the Phase II of the DMS program (January 1—May 1st); use the Submit button. Once you **submit** your form, you will **not** be able to return to the form.

		form.					
Weighted Admission Period							
Fall Enrollment – January 1 throug	Jh May 1						
Online Diagnostic Medical Sono	graphy Career Talk ( <b>Mandat</b> i	ary)					
Career Talk must be current (valid	<u> </u>						
Date: *	GTC Student ID #:*						
Name: *	*	*	(Other Name Lload)				
(Last)	(First)	(Middle)	(Other Name Used)				
Address:*			Apt. No.				
City: *	State: *		Zip Code:*				
Home Phone:	Work Phone:		Cell Phone:*				
GTC Email Address:*							
r							
The following criteria <i>must</i> be r	net prior to submitting weighte	ed admission form	n. Please check all that apply.				
Must complete the application process to GTC and have received an acceptance letter from Admissions.							
Students who have not e Weighted Admission For	enrolled in courses at GTC for th rm is supplemental to application	ree consecutive se to GTC	mesters must reapply for admission to GTC.				
L Must have official transcripts fr	om other colleges evaluated by	GTC Transcript Ev	aluation Office.				
Do not attach official transc							
	cognize courses at another insti C website or contact Transcript		lly equivalent to its own. Students can look up Transfer				
			ency evaluated by GTC Transcript Evaluation Office.				
Verify that grade report records	s are viewable in Student Planni	ng through GTC4m	ie.				
Must have successfully completed ALL Phase 1 courses (maximum of 2 attempts) by the end of the spring semester.							
Athough the ATI TEAS test is no lon that do require it (nursing, etc).	ger required for the DMS program, be	sure you complete the	ATI TEAS test if <b>dual applying</b> for other health science programs				
Attached a copy of <b>current</b> ce verification.	rtification/licensure or certificate	s, as required, for p	previous health-related education. Subject to				
	n on official company letterhead	stating dates of er	mployment with contact information. Subject to				
hours must be hospital-based	d. No other types of volunteer tin	ne will be accepted	<b>rs</b> in healthcare with contact information. <b>All</b> volunteer for the DMS program. To receive maximum points, 6-8 artment. <b>Subject to verification.</b>				
You must document all honors	courses completed in Section	A. Subject to verific	ation.				
		ır					
Weighted Admission	s form and attachmer	nts will be	Notification of acceptance/denial will				

be

mailed approximately 8 weeks

submitted using the SUBMIT button at the end of this form.

Submission serves as the time/date stamp. Diagnostic Medical Sonography 864-250-8290				weighte	following weighted admission period deadline		
		n Courses (qua	GTC Student ID #:*	r grade [A=4,	B=3, and C=2])		
Count ONLY those		Credits	College/University Where Course Was Taken	Semester/ Course Ta		Quality Points	
*BIO 210 or BIC	215	4					
*BIO 211 or BIC	216	4					
MAT 109 or MA MAT 120 will NOT be		3					
AHS 102		3					
CPT 170		3					
ENG 101		3					
SPC 205		3					
PSY 201		3					
*PHY 201 or *RAD *PHS 111	107 or	3 or 4					
Humanities Elective	e :	3 or 4					
Tota	Credits				Total Quality Points (maximum of 136 points)	ļ	
UST BE 2.50 OR I	HIGHER TO C	UALIFY FOR ADI	= Technical GPA (do not round MISSION (maximum of 7 points) de of C or Higher (1st attempt o		I GPA 3.00-3.49=3 points 3.50-3.99=5 points 4.00=7 points If YES insert 15 points =>		
1				;			
	•		Irses - All A's (1st attempt only)	<u> </u>	insert 15 points =>		
e 12 1.1 11	Completion of all BIO and MAT Courses - A's and B's (1st attempt only)   If YES insert 10 points =>     Completion of all BIO and MAT Courses - All B's (1st attempt only)   If YES insert 5 points =>						
TC Honors Progra	m - General E	ducation Courses	Above [2 points per course] (ma	aximum of 20 po	pints)		
			Tot	al Section A	(maximum of 193 points		
nly to achieve a p ombination. Stud	bassing grad lents who ne Fransfer list i	e (withdrawals do ed a BIO refresho n GTC Catalog. I	hted admission period. Biop o not count as attempts). A& er for DMS must take BIO 21 f a foreign language is chose	hysical scienc P must be eith 1.	ce courses may be repeat ner BIO 210/211 or BIO 215	ed one tim 5/216	

[Documentation must be attached.]

Educational Experience – Must be from Regionally Accredited Institution (i.e. SAC's)							
	College/University	Date Earned	Point Value Points Earned				
Diploma/Certification in Healthcare			5				
*CPR not accepted. CNA & CMA must have state licensure.							
COL 105 Freshman Seminar			4				
Volunteer Experience - Documentation (Must be within the last 5 years. Student shoul			up by the college.)				
50 Hours in Shadowing/Volunteering in a <b>Hosp</b> qualify.)	0 Hours in Shadowing/Volunteering in a <b>Hospital</b> Setting. (Hours as part of health related course does not 5						
6-8 Hours in a Hospital Ultrasound Lab (in-pation obstetrics offices)	ent ultrasound department only, no o	outpatient offices, no	10				
Military Experience - Documentation m (Black out (redact) social security num			ocumentation.				
Military Service recognition for: Active Duty, Re	serve, Honorable Discharge, or Ret	ired Veteran	10				
Work Experience (choose only one) – [	Documentation must include d	lates of employment and	l job description.				
Work Experience in Healthcare – DIRECT Patie	ent Care (6 consecutive month minim	num within the last 5 years)	5				
Work Experience in Healthcare – INDIRECT Pa	tient Care (6 consecutive month min	imum within the last 5 years)	3				
2nd Year of Consecutive Application After Com	pletion of Section A (not awarded to	previously admitted students	s) 5				
	Tota	I Section B (maximum o	f 39 points)				
	TOTAL POINTS - SECTION	S A AND B (maximum of	232 points)				
Attach Documents: Diploma or Certificate in Healthcare Volunteer Ex	xperience Documentation Work Expe	erience Documentation Add	itional Supporting Documents				
Signature Date							
	ke changes and update your form	n as you are working throu	gh Phase I				
Once you have completed the form, all doc of the DMS program (January 1—May 1st);							
Ident Signature		Date:	_				