

# Candidacy for Program of Study Allied Health



Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I am applying for admission to one of following:

- Cardiovascular Technology - Echo
- Cardiovascular Technology - Peripheral
- Health Information Technology
- Radiologic Technology

I have read the requirements for admission to the program as outlined in the Mercy College of Ohio Catalog. I have also met with my academic advisor.

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

Date \_\_\_\_\_

In order to ensure that your application is complete and ready to be considered for program admission, please follow the below checklist.

**Note: You must have met the minimum criteria listed below before your application will be considered.**

\_\_\_\_\_ Composite ACT score of 21 or above or a minimum of 15 college semester hours at an accredited institution of higher education, with a minimum GPA of 2.70.

\_\_\_\_\_ Completed the following high school courses (or the college equivalent) in the past seven years with a grade of "C" or better

\_\_\_\_\_ Chemistry           Where: \_\_\_\_\_  
 \_\_\_\_\_ Biology           Where: \_\_\_\_\_  
 \_\_\_\_\_ Algebra           Where: \_\_\_\_\_

\_\_\_\_\_ College/University GPA of at least 2.70 or higher with 15 hours of earned credit (must maintain a 2.70 GPA prior to program admission).

College/University	GPA	Total Credit Hours

\*\*\*\*\*

\_\_\_\_\_ Date received by Allied Health Advisor

\_\_\_\_\_ Date reviewed by Program Admission Committee

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Tabled

Comments: \_\_\_\_\_

**Office: Allied Health Division**

**Date: 10/12/2015**

**Copies to: Advisor; Student**