

**Springfield Technical Community College
Diagnostic Medical Sonography Program
Admission Checklist 2024**

***This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office**
(Electronic version which can be completed and submitted online is available on program website)

Instructions-Please read carefully.

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All **requirements** must be completed, or in progress in order to apply.
- This is a checklist, please refer to the program website for **detailed** information. You must also complete the **STCC COLLEGE APPLICATION**.
- After you have completed each section, sign and **MAIL or EMAIL this form** to the Admissions Office. This, and all documents must be received or postmarked by **March 31**:

Admissions Office
Springfield Technical Community College
One Armory Square-PO Box 9000
Springfield, MA 01102-9000
Admissions@stcc.edu

For additional information regarding applying to the college, please visit www.stcc.edu/apply

Name (print legibly)_____

If you are a current or former STCC student, please list your ID number here_____

Address_____

City/State_____ Zip code_____ Country_____

Telephone number_____ Email_____

If there are any extenuating or unusual circumstances related to your application, please note below

My signature below indicates that ALL admission requirements for the Diagnostic Medical Sonography program have been completed or are in progress as indicated on the reverse page. The information I have provided is accurate, I understand it will be verified by the admission office.

Student applicant signature_____ Date_____

Admission Requirement	Provide appropriate response
Complete STCC College Application, with a request for Diagnostic Medical Sonography	_____ Application for Admission
Official High School Transcript, HiSet or GED	_____ Official document provided
Math -Completion of college level math (100 or higher) such as MAT-124* with a grade of C or better.	Course name/number: Where/when taken: Grade:
Biology -Completion of A & P 1, BIO 231/231L or its equivalent (with a grade of C or better within 5 years)	Course name/number: Where/when taken: Grade:
English - completion of ENG-101 (or its equivalent) with C or better	Course name/number: Where/when taken: Grade:
Medical Terminology -completion of MED-100 or its equivalent) with a C or better	Course name/number: Where/when taken: Grade:
Physics -college level general Physics (PHY221/221L recommended) C or better within 5 years of fall semester of program entry *	Course name/number: Where/when taken: Grade:
One page essay	_____ Essay submitted with application

***MAT 124 is a prerequisite to PHY-221 and is required before taking Physics**

Additional Information-Applicants who earn A- in the following courses will strengthen their application. Complete all columns, indicate if you repeated or withdrew from any of the courses

Course	Grade	Year	Repeat	Withdrew	Where was it completed?
College level A & P 2*					
College level Math					
College level Med Term					
College level English					
College level Physics*					
College level Sectional Anatomy					

*within 5 years

2. Experience in the following areas: Refer to website, please submit health care experience verification form**

Experience	List where and when	Official Document Provided**
Health Care		
Customer Service		
Medical Imaging		

3. Previous college degree? List here with dates and institution _____