

II. APPLICANT INFORMATION *(continued)*

How did you *first* learn of Sentara College of Health Sciences? _____

Have you previously attended or applied to Sentara College of Health Sciences or Sentara School of Health Professions? Yes No

If yes, which program/course? _____

Years attended _____ or Year Applied _____

Have you attended another school or program/course similar to the one to which you are applying? Yes No

III. HIGH SCHOOL EDUCATION

Verification of completion of High School or equivalent. Please submit one of the following with your application:

Official high school transcript. Official GED. Official letter/statement of successful completion of home schooling.

IV. PREREQUISITE COURSES

All prerequisites must be completed with a "C" or better prior to the start of the Program to which you are applying.

- Surgical Technology (ST) Program applicants must complete a minimum of Anatomy & Physiology I w/lab and show proof of enrollment in Anatomy & Physiology II w/lab prior to submitting an application for admission.
- All Cardiovascular Program (CVT) applicants must complete a minimum of ten (10) credits prior to submitting an application for admission.

COLLEGE COURSES	Required for Programs below	Semester Credits Required	Completed (check)	Not Completed (indicate month & year you plan to complete)
Human Anatomy & Physiology I w/lab	CVT, ST	5-8		
Human Anatomy & Physiology II w/lab	CVT, ST			
College Algebra	CVT	3		
Chemistry w/lab	CVT	4		
Physics w/lab	CVT	4		
Medical Terminology	ST	**		

**Credits vary based on course taken. Course and competency exam must be verified by the school agency. Contact hours of college credit hours will be reviewed for approval.

V. READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and attachments. I also understand that the administrative processing fee is non-refundable. **If my application is incomplete (transcripts not included or application incomplete) I will have 10 business days to correct or my application will be withdrawn with no refund. If I do not include my \$50.00 administrative fee, my application will be returned.**

By signing below, I authorize the Sentara College of Health Sciences to verify my criminal history through Castle Branch, Inc. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have concerns about your criminal history, please contact Student Services before submitting your application. Administrative fees are non-refundable.

Applicant's Signature: _____ Date: _____