

**BAKER COLLEGE OF MUSKEGON
HEALTH SCIENCE
APPLICATION FOR ADMISSION – PTA PROGRAM**

Name _____ Student UIN# _____

Address _____ Phone Number (H) _____
(C) _____

City _____ State _____ Zip Code _____

Email _____

Select one: Full Time Program _____ Extended Program _____
(May 15 App Deadline) (November 1 App Deadline)

Date of Previous Application (if applicable): _____

PREREQUISITE COURSEWORK:

1. Enter grade for class or "P" for pending
2. "✓" check (XC) for transfer credit
3. "✓" check (R) for classes that you repeated. If a class was repeated more than once, check twice.

<u>Course</u>	<u>Grade</u>	<u>XC</u>	<u>R</u>	<u>Course</u>	<u>Grade</u>	<u>XC</u>	<u>R</u>
INF (ele)	_____	_____	_____	SCI 101	_____	_____	_____
INF (ele)	_____	_____	_____	SCI 102	_____	_____	_____
MTH 111	_____	_____	_____	SCI 271	_____	_____	_____
ENG 101	_____	_____	_____	MED 103	_____	_____	_____
ENG 102	_____	_____	_____	HSC 111	_____	_____	_____
WRI 115	_____	_____	_____	PTA 111	_____	_____	_____
SPK 201	_____	_____	_____				
PSY 111	_____	_____	_____				

I declare that the statements on this application are true, and I understand that falsifying information pertinent to admissions will result in ineligibility to this program.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

RECOMMENDATIONS SUBMITTED:

1. _____
2. _____
3. _____

OBSERVATION HOURS COMPLETED:

_____ (16 hrs)
_____ (16 hrs)

APPLICATION COMPLETED BY DEADLINE

APPLICATION INCOMPLETE _____

_____ (Initials)