

VASCULAR ULTRASOUND TECHNOLOGY PROGRAM APPLICATION FOR ADMISSION

SECTION I

Please read and complete all required information. Please remember to sign the application. We cannot consider an unsigned application.

Please indicate:

- Yes, I have read and understand the Vascular Ultrasound Technology Wavier Form
 Yes, I have read and understand the specific requirements pertaining to the VAS Program.
 Yes, I am a re---applicant to the VAS Program; what year did you last apply? _____

SECTION II

Name _____

Address _____

City/State/Zip _____

Home Telephone _____ Work or Business _____

Student UIN # _____ Date of Birth _____

SECTION III

It is the student's responsibility to see that his/her file is up---to---date at all times. This includes address, telephone number, transcripts from high school and/or other colleges or universities attended.

I recognize and understand that admission into the Vascular Ultrasound Technology Program is contingent on the following:

- *the completion of all first year course requirements
- *the numerical point system of the Admission Criteria for the VAS Program
- *the availability of clinical affiliates

Furthermore, I understand the clinical components of the Vascular Ultrasound Technology Program are offered at various clinical affiliations which may **not be within commuting distance** of Baker College.

Signature

Date

Return to: Baker College of Owosso
Vascular Ultrasound Technology Program
1020 South Washington Street
Owosso, MI 48867

Baker College of Auburn Hills
Vascular Ultrasound Technology Program
1500 University Drive
Auburn Hills, MI 48326