

# 2019 Sonography Traditional Application

## Instructions



Complete the Sonography Traditional Application

- Missing information will be considered incomplete

Attach unofficial college transcripts from transferring institutions attended after high school

## Application Cycle



- January 15<sup>th</sup>-30<sup>th</sup> for ALL programs except Nursing
- March 15<sup>th</sup>-30<sup>th</sup> for Nursing

Application documents are to be submitted to the address below, no earlier than the 15<sup>th</sup> and post-marked by the 30<sup>th</sup> for consideration. If you are mailing the materials, please use a return receipt service through your preferred postal delivery service for documentation that the materials were received.

College of Health Professions, [VFS 209],  
Ferris State University  
200 Ferris Drive, Big Rapids, MI 49307

## Eligibility



Currently enrolled or admitted to Ferris State University in the Sonography Concentration

Qualified by the end of SPRING semester

Meet the requirements listed in the Qualification Policy

# 2019 Sonography Traditional Application

Last Name:

First Name:

FSU ID#:

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Note: All correspondence related to this application will be sent to the address provided

Current Address:

Apartment #:

City/State/Zip:

Phone #:

Alternate #:

FSU Email:

High School Graduation Date (month/year):

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List ALL colleges/universities attended (high school dual enrollment and Ferris State not required):

1)

2)

3)

4)

\*Attach unofficial transcripts for each institution listed above

## Qualification Criteria for Sonography (complete all blank spaces)

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Qualifying Course	Minimum Grade/Credit		Semester/Year Taken	College or Career Center (CC) Where Taken	Grade or Credit (CR) or In Progress (IP)
	Grade	Credit			
Math 115	B-	3 cr			
ENGL 150	C-	3 cr			
COHP 100 Medical Vocabulary	C	1 cr			
BIOL 109 Human A&P	B-	4 cr			
PHYS 130 Concepts in Physics	B-	4 cr			
<i>Example 1: BIOL 109</i>			<i>Fall '18</i>	<i>FSU</i>	<i>* IP or range A to B-</i>
<i>Example 2: COHP 100 taken at a Career Center</i>			<i>Fall '17</i>	<i>CC</i>	<i>CR</i>
<i>Example 3: ENGL 150 AP test</i>			<i>Spring '18</i>	<i>High School</i>	<i>CR</i>

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Review and **INITIAL** the statements that follow. Use **NA** for items that do not apply.

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I have attached unofficial transcripts from all colleges/universities (other than Ferris State University) attended after high school. *Required in this application packet, even if previously submitted to FSU for admission.*

Other (attached is other documentation to confirm my requirements are met).

My qualifying BIOL, PHYS, & MATH courses were completed within the allowable attempts per the Qualification Policy.

## NOTE

**CRIMINAL BACKGROUND CHECK REPORT:** The criminal background check will be filed after you are admitted to the clinical sequence of the program and submitted as other required immunization records.

Incomplete application materials will not be reviewed and the applicant will not be considered for admission.

Any transfer credits must meet program requirements. The following URL can be used for course transfer equivalencies: <https://ferris.edu/HTMLS/statewide/apply/transferequiv.htm>. Documentation will need to be attached to the application for approved substitutions.

## SIGNATURE

I verify that the information provided within this application is accurate. I am accepted or enrolled as an Allied Health Science - Diagnostic Medical Sonography Concentration student for either my primary or secondary FSU program.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FSU ID#: \_\_\_\_\_

\*You will be notified about your acceptance after March 15<sup>th</sup>.

**Comments:**