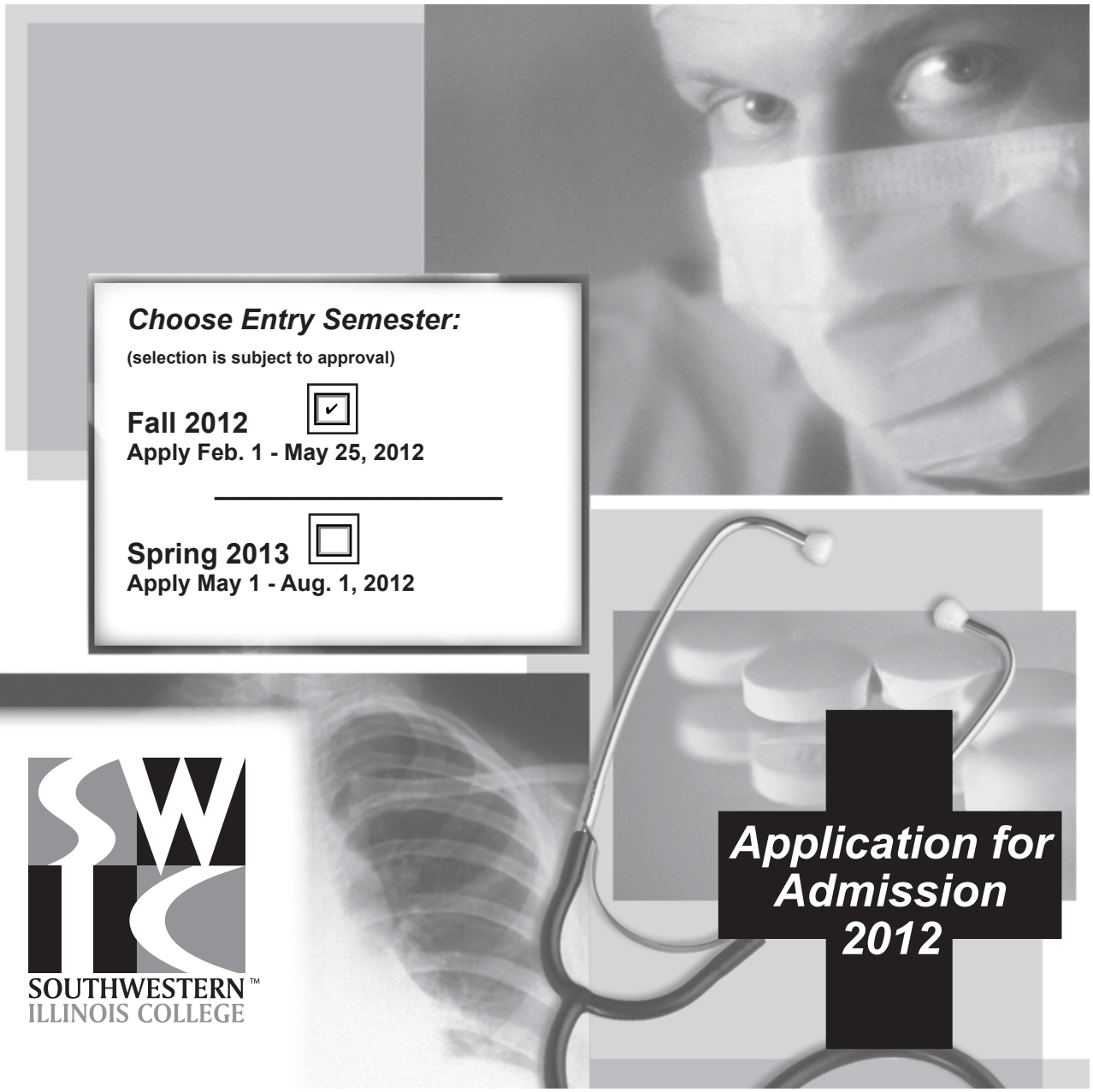
Medical Assistant



Choose Entry Semester:

(selection is subject to approval)

Fall 2012 ☑
Apply Feb. 1 - May 25, 2012

Spring 2013 ☐
Apply May 1 - Aug. 1, 2012

SOUTHWESTERN™
ILLINOIS COLLEGE

Application for Admission 2012

Name_____

SS#_____

To estimate your points for this application, refer to the MA Application Planning Guide at SWIC.edu/MA-FAQ.

Section A Semester of Admission

Designate your entry semester: (student must choose one option) ☑ Fall 2012 ☐ Spring 2013

Guidelines for Admission Fall 2012 Semester:

- ✓ Application on file by May 25, 2012
- ✓ GED verification or high school and college transcripts on file by June 15, 2012
- ✓ Transcript Evaluation Request Form if transferring college courses
- ✓ Assessment scores which place you into: ENG 101 or above and MATH 94 or above
- ✓ Proof of residency on file by June 15, 2012

Guidelines for Admission Spring 2013 Semester:

- ✓ Application on file by Aug. 1, 2012
- ✓ GED verification or high school and college transcripts on file by Sept. 1, 2012
- ✓ Check Transcript Evaluation Request Form if transferring college courses
- ✓ Assessment scores which place you into: ENG 101 or above and MATH 94 or above
- ✓ Proof of residency on file by Sept. 1, 2012

Section B Attendance Location

Designate campus site preferred: (student **must** choose **one** option*) ☐ Belleville ☐ Sam Wolf Granite City

*Upon declaration of a campus, students will complete the ***entire*** certificate coursework at the designated campus. Students' campus location preference will be honored by rank order of the students determined by the total points earned. If the available seats at one campus are full, the student will be notified and given the option to attend the other campus, decline their seat or reapply for a future session.

Section C Completion of PREREQUISITE college course(s) or Computer Literacy testing

Student must choose one of the requirements below:

Use the most recent grade(s) for each course. If you are currently enrolled, enter "CE" for "grade." The Points Key will be used to calculate points for completion of either: (1) OAT 146 **or** (2) OAT 130/171, 131, and 132 group **or** (3) Computer Literacy testing. Any grades used should be within 10 years of July 1, 2012 for Fall 2012 admission and within 10 years of Dec. 1, 2012 for Spring 2013 Semester admission.

	Institution where course was taken	Semester/Year Completed	Grades(s)* Earned	Office Use Only
OAT 146	_____	_____	_____	_____
- or -				
OAT 130 or OAT 171	_____	_____	_____	
OAT 131	_____	_____	_____	_____
OAT 132	_____	_____	_____	
- or -				

COMPUTER LITERACY TEST ☐ will schedule* ☐ have tested: _____%
(75% is required for passing)

Total C. _____

***Contact Testing Center to schedule an appointment:** at Belleville Campus call 618-235-2700, ext. 5551, at Sam Wolf Granite City Campus call 618-931-0600, ext. 7364. For questions about the test itself contact Dana Woods, the program coordinator, at 618-235-2700, ext. 5332. Results are automatically sent to Enrollment Services office. Results provided at time of testing are for students' records.

ALLIED HEALTH APPLICANT REQUIRED STUDENT INFORMATION FORM

SOUTHWESTERN ILLINOIS COLLEGE

District No. 522
2500 Carlyle Avenue, Belleville, IL 62221

OFFICE USE

Date_____ Initials_____

Proof of Residency? yes no

Application#_____

Staff member attests to having reviewed documentation supporting residency and understands its impact on state funding.

Program Number (check one)

- ☐ Advanced Standing Nursing Education 0025
- ☐ Health Information Technology 0023
- ☐ Medical Assistant Certificate 021A
- ☐ Medical Assistant Degree 0021
- ☐ Medical Laboratory Technology 0022
- ☐ Nursing Education 0025
- ☐ Physical Therapist Assistant 0027
- ☐ Radiologic Technology 0028
- ☐ Respiratory Care 020A

Prefix (check one)	☐ Dr	☐ Miss	☐ Mr	☐ Mrs	☐ Ms	☐ Rev	☐ Sr
***Name: First**							
***Name: Middle Initial or Name**							
***Name: Last**	*This name will appear on all official and unofficial transcripts, certificates and diplomas.						
Previous Name(s)							
Date of Birth							
Gender (check one)	☐ Male	☐ Female					
SSN							
E-Mail Address							
Area Code and Phone #	PRIMARY			SECONDARY			
Phone Type (check one)	☐ Business ☐ Home	☐ Campus ☐ Other	☐ Cellular ☐ Work	☐ Business ☐ Home	☐ Campus ☐ Other	☐ Cellular ☐ Work	
Address (Permanent Residence)				**Address** (Mailing)			
City				**City**			
State				**State**			
Zip				**Zip**			
County				**County**			
Citizenship Status (check one)	☐ U.S. Citizen ☐ Permanent Resident		☐ In U.S. on a VISA - Exp. Date _____ ☐ Other				
VISA Country							
VISA Type							
Ethnicity (check one)	☐ American Indian/Alaskan Native ☐ Hispanic/Latin	☐ Not Specified	☐ Asian ☐ Native Hawaiian/Other Pacific Islander	☐ Black African/American	☐ White		
Military (check one)	☐ Enlisted Active Duty ☐ Retired Military	☐ National Guard ☐ Spouse/Dependent	☐ Officer-Active Duty ☐ Veteran Honorably/Discharged	☐ Reservist			

High School Status

☐ I have received a high school diploma. Date of graduation: _____.

☐ I have received a GED diploma (25000098). Date GED diploma received: _____.

☐ I have not received a high school diploma or GED diploma.

High School Name (GED completers need not respond)

☐ The last high school I attended was in another state. List state _____

☐ The last high school I attended was in another country (25000099).

☐ The last high school I attended was one found below.

☐ Althoff (25000001)
☐ Alton (25000002)
☐ Assumption (25001181)
☐ Belleville East (25000004)
☐ Belleville West (25000005)
☐ Cahokia (25000007)
☐ Central Cmty, Breese (25000008)
☐ Chester (25000009)
☐ Christ Our Savior Lutheran High School (25000010)
☐ Civic Memorial (25000011)
☐ Collinsville (25000475)
☐ Columbia (25000014)
☐ Coulterville (25000015)
☐ Dupo (25000016)
☐ E. Alton-Wood River (25000017)
☐ East St. Louis (25000019)
☐ Edwardsville (25000020)
☐ Freeburg (25000021)
☐ Gibault (25000022)
☐ Governor French Academy (25000023)
☐ Granite City (25000024)
☐ Highland (25000025)
☐ Lebanon (25000026)
☐ Livingston (25000027)
☐ Lovejoy (25000028)
☐ Madison (25000029)
☐ Marissa (25000030)
☐ Mascoutah (25000031)
☐ Mater Dei (25000032)
☐ Nashville (25000033)
☐ New Athens (25000034)
☐ O'Fallon (25000035)
☐ Okawville (25000036)
☐ Red Bud (25000037)
☐ Roxanne (25000038)
☐ SIUE East St. Louis Charter (25000018)
☐ Sparta (25000039)
☐ Steeleville (25000040)
☐ Triad (25000041)
☐ Valmeyer (25000042)
☐ Venice (25000043)
☐ Waterloo (25000044)
☐ Wesclin (25000045)

☐ The last high school I attended was another high school in Illinois.

School name _____ (if home schooled use 25000097.)

Colleges Attended

List all previous colleges or universities attended (attach another sheet of paper if more than 2).

Name of School	City/State	Attended: From	To	Date Graduated	Currently Enrolled? y/n
_____	_____	_____/_____		_____/_____	_____
_____	_____	_____/_____		_____/_____	_____

Are you currently enrolled at McKendree?	☐ Yes ☐ No
Admit Term (check one)	☐ Fall (year) _____ ☐ Spring (year) _____ ☐ Summer (year) _____
Residency (check one)	☐ In-District ☐ Out-Of-District ☐ Out-Of-State ☐ International
Residency District (Out-Of-District Students Only) List the Illinois Community College District of Residency	
Enrollment Status	☐ 1 First Time student (first -time summer students are also classified first-time in Fall) ☐ 3 Transfer student (earned college credit at another college, first term at Southwestern) ☐ 5 Continuing student (enrolled at Southwestern the previous term) or Re-admitted student (prior Southwestern enrollment, not previous term)
Employment Status	☐ 1 Employed full time ☐ 2 Employed part time (over 15 hours) ☐ 3 Employed part time (15 hours or less) ☐ 4 Homemaker ☐ 5 Unemployed ☐ 6 Other ☐ 7 No response
Student Signature	_____ I certify the above information provided is complete and correct. I understand that if I withhold or give false information on this form it may make me ineligible for enrollment to the college or subject me to dismissal.
SWIC Counselor Signature	_____ Required for students who are attending while in high school (dual credit/dual enrollment)

Section D General Education Coursework

Additional consideration is given those applicants who have already completed general education courses required in order to graduate from the SWIC Medical Assistant program.

1. Record the semester, year and grade for each course you've completed (the 10-year restriction does not apply). Please note: courses with grades of "D" will not meet graduation requirements. If currently enrolled, enter "CE" for "grade."

		Institution where course was taken	Semester/year completed	Grade
BIOL 105	4	_____	_____	_____
ACCT 105 or ACCT 110	3	_____	_____	_____
ENG 101	3	_____	_____	_____
PSYC 151	3	_____	_____	_____
SPCH 151 or SPCH 155	3	_____	_____	_____
MGMT 213	3	_____	_____	_____
MGMT 214	3	_____	_____	_____
Suggested Elective*	3	_____	_____	_____
Human Relations Elective*	3	_____	_____	_____
TOTAL	28			

*See SWIC catalog for course selections.

Office Use Only

Number of credit hours completed with a grade of **"B" or better**.
(Chart below is used to determine points for Section D.)

≥ 4 hours	=	1 point
≥ 7 hours	=	2 points
≥ 10 hours	=	3 points
= 15 hours	=	4 points

Total D. _____

Final Ranking Score:
(Total of Sections C + D) _____

Points Key

If your most recent grades or test scores are:

College OAT 146	or College OAT 130/171, 131, 132	or Computer Literacy Testing	Then your points for each area will be:
A	A / A / A	90-100%	4.00
	Any combo of: Two A's & One B		3.75
	Any combo of: Two A's & One C *or* Two B's & One A		3.50
B	B / B / B or A / B / C	80-89%	3.25
	Any combo of: Two B's & One C *or* Two C's & One A		3.00
	Any combo of: Two C's & One B		2.75
C	C / C / C	75-79%	2.50

For the class beginning August 2012 or January 2013:
Program capacity: Belleville Campus – 28; Sam Wolf Granite City Campus – 24

Application and Selection Procedure:
For **Fall 2012 Semester** admission this application must be **submitted between Feb. 1, 2012 and May 25, 2012**. For **Spring 2013 Semester** admission this application must be **submitted between May 1, 2012 and Aug. 1, 2012**. In the event there are fewer qualified candidates than there are spaces available, applications will continue to be accepted until the program's maximum capacity has been reached or until the first week of classes in the fall/spring semesters.

Applications may be submitted:

In Person	By Mail	Via Fax
Belleville Campus Enrollment Services office – IS Room 1050 Red Bud Campus Student Development Office – Room 175 Sam Wolf Granite City Campus Administrative Office – Room 400	Send to: Southwestern Illinois College Enrollment Services office 2500 Carlyle Ave. Belleville, IL 62221	Fax to: 618-222-9768

Applicants may only submit application to one Health Sciences program. Should you withdraw your application or be denied a seat in a 2012 program, you may then submit an application for a different program.

Supporting documentation (transcripts, test scores, etc.) **must be on file** in the Enrollment Services office, BC-IS 1050 **by identified deadlines**, unless the application deadline has been extended.

Deadlines for Supporting Documentation	**Fall 2012** Admission	**Spring 2013** Admission
High School Transcript/GED verification	June 15, 2012	Sept. 1, 2012
College transcripts & Transcription Evaluation Request Form	June 15, 2012	Sept. 1, 2012
COMPASS test score results	June 15, 2012	Sept. 1, 2012
Computer Literacy test results (only if computer courses have not been completed)	June 15, 2012	Sept. 1, 2012
Proof of Residency	June 15, 2012	Sept. 1, 2012

It is our policy to acknowledge receipt of your application. If you do not receive acknowledgement within 10 working days of your submission, it is <u>your responsibility</u> to call the Enrollment Services office at 866-942-SWIC (7942), ext 5617 or 618-235-2700, ext 5617 to resolve the matter.

Refer to the 2011-2012 college catalog for an explanation of the selection process as well as required background checks and drug testing.
I have read and understand the admission requirements outlined in the 2011-2012 college catalog for the medical assistant program and included in this application. I understand that if any part of the application is not completed, the entire packet will be returned to me by mail, and failure to submit any of the documents by identified deadlines will automatically remove me from the application pool, unless the deadlines are extended.

_____ _____
Signature **(Required)** Date

Questions?
Call the Enrollment Services office toll free in Illinois and 314- area code at 866-942-SWIC (7942), ext. 5541 or 5542 or 618-235-2700, ext. 5541 or 5542.

Keep a copy of this application for your records.
To estimate your points for this application, please refer to the MA Application Planning Guide at SWIC.edu/MA-FAQ.

Southwestern Illinois College Annual Campus Security and Fire Safety Report
Pursuant to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, previously known as the Federal Student Right-to-Know and Campus Security Act of 1990 and the Higher Education Opportunity Act of 2008, the Department of Public Safety publishes and distributes an annual Campus Security Report and Fire Safety Report by October of each year. The CSR lists the campus crime statistics, on campus and surrounding public property, and noncampus facilities, for the previous three years. The CSR/FSR also outlines the Public Safety department's authority, security policies, procedures for reporting crime, procedures for reporting sexual assaults/sex offenses and follow-up services, counseling and treatment services, crime prevention programs, accessibility of campus facilities and Substance Abuse Policy, and 2008 revisions of the Higher Education Opportunity Act with specific additions to hate crime reporting, emergency response and evacuation procedures, and missing student notification and fire safety issues for institutions that maintain an on-campus student housing facility. The annual CSR/FSR can be accessed via the Southwestern Illinois College website at SWIC.edu/publicsafety/csr, or a copy of the CSR/FSR can be obtained by contacting the Public Safety department at 618-235-2700, ext. 5221, or writing the director of Public Safety, 2500 Carlyle Ave., Belleville, IL 62221.

For Office Use Only	
Date Received _____	Correspondence
Initials _____	_____
Campus: (circle) BC GCC	_____
RC SAFB	_____