

NEW MEXICO STATE UNIVERSITY CARLSBAD

Allied Health Program

APPLICATION FOR ADMISSION TO THE HIT PROGRAM

NAME: _____

(Last) (First) (Middle) (Maiden)

ADDRESS: _____

(No. and Street) (City and State) (Zip Code)

Telephone: _____ SS#: _____ E-mail _____

Have you taken the ASSET/COMPASS placement test? Circle one: Yes No

Date ASSET/COMPASS scores submitted to the Allied Health office: _____

ATI scores (please attach to application): _____

Date ACT test taken: _____ What was your ACT test composite score? _____

Did you take chemistry in high school? _____ If so, what was your semester grade? _____

Name of High School: _____ Date of Graduation: _____

G.E.D: _____ Date of G.E.D: _____

Circle curriculum option for which application is made:

HIT Associate Degree

HIT Certificate

I certify that all of the above statements are correct and complete:

SIGNATURE: _____ DATE: _____

APPLICATIONS ARE DUE NOVEMBER 15. No applications will be accepted unless accompanied by copies of high school and college transcripts and ACT scores.