Restricted Enrollment Program Change Form

Please Print:

Student Name: _____
Last First Middle Initial

Student Number: _____ or Social Security Number (last four digits) _____

Month and Day of Birth _____/_____

Current Academic Program Name: _____

Current Academic Program Number: _____

New Academic Program Name: _____

New Academic Program Number: _____

Semester to Take Effect:

☐ Summer _____ (year) ☐ Fall _____ (year)

☐ Winter _____ (year) ☐ Spring _____ (year)

✍Counselor/Advisor Signature: _____ Date: _____

✍Student Signature: _____ Date: _____

Return to:
Schoolcraft College
Admissions and Enrollment Center
240 McDowell Center
18600 Haggerty Road, Livonia, MI 48152
Phone: 734-462-4426
Fax: 734-462-4553

Emergency Medical Technology
Restricted Enrollment Application 2012-2013

The Emergency Medical Technology – Paramedic Program requires a Restricted Enrollment Program Change. To begin this program, students must complete the following and submit a Restricted Enrollment Program Change Form to the Admissions and Enrollment Center.

ASSESSMENT

Student:

☐ has taken Asset ☐ has submitted ACT scores

☐ has taken the CPT ☐ is exempt from assessment

Minimum Scores:	***ASSET***	***CPT***	***ACT***
Writing	38 +	51 +	15 +
Reading	35 +	70 +	18 +
Numerical/Arithmetic	35 +	75 +	16 +

PROFICIENCY

Student:

☐ has met minimum **English** score or ⇒ ☐ has successfully completed appropriate course (ENG 050 or higher)

☐ has met minimum **reading** score or ⇒ ☐ has successfully completed appropriate course (COLLS 053 or higher)

☐ has met minimum **math** score or ⇒ ☐ has successfully completed appropriate course (MATH 047 or higher)

BIOL 101 or equivalent. *Complete one semester of* **General Biology** *with a grade of 2.0/C or better. You may complete an equivalent college course to satisfy this requirement.*

Student:

☐ has successfully completed BIOL 101 (2.0/C or better) or ⇒

☐ has successfully completed _____ at_____ with a grade of _____

EMT 115 *Complete* **Emergency Medical Technology--Basic** *with a grade of 2.7 or better. You may complete an equivalent course to satisfy this requirement, or present a valid State of Michigan EMT-Basic License.*

Student:

☐ has successfully completed EMT 115 (2.7 or better) or ⇒

☐ has successfully completed EMT _____ at_____ with a grade of _____

☐ presented valid State of Michigan EMT-Basic License

CUMULATIVE COLLEGE GPA *Attain a 2.0/C or better cumulative grade point average.*

Student:

☐ has a cumulative GPA of 2.0 *or better*.

Counselor/Advisor Signature: _____ Date: _____