

## SAMPLE Diagnostic Medical Sonography Application


# READ AND FOLLOW INSTRUCTIONS

Once you have created your account, chosen your program, and input your name, you will begin the application process.

### Cypress College Health Science Admissions Application Login

Welcome to the Cypress College Health Science Program Application page.

**Please read carefully, follow directions, and ask questions if necessary. Failure to do so may make your application ineligible.**

 In order to complete this application process, you must meet all minimum standards. Please review the program's webpage and minimum requirements before proceeding. You do not need to apply to Cypress College to submit this application. Please scroll to the bottom of the page to log in.

<u>Program Web Pages</u>	<u>Application Start Date</u>	<u>Application End Date</u>
<a href="#">Bachelor Funeral Service</a>	August 25, 2019 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Dental Assisting</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Dental Hygiene</a>	January 3, 2020 @ 8:00 am	February 8, 2020 @ 5:00 pm
<a href="#">Diagnostic Medical Sonography</a>	January 3, 2020 @ 8:00 am	February 8, 2020 @ 5:00 pm
<a href="#">Health Information Technology</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Mortuary Science (AS)</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Psychiatric Technology</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Radiologic Technology</a>	January 3, 2020 @ 8:00 am	February 28, 2020 @ 5:00 pm
<a href="#">Registered Nursing</a>	January 3, 2020 @ 8:00 am	September 10, 2020 @ 8:00 am

Notification emails will be sent out no later than May 1 for Fall applicants and Dec 1 for Spring applicants.

**\*Start Application Process Here \***

You will need a login ID and PIN to access this online application.

First-time users, click the [First time user account creation link](#) to create your account.

Returning users, enter your login information below and click Login. You must use the same applicant/login ID that was used when you first created the application. If you forget your Health Science admissions application Login ID and/or PIN, please go [here](#).

Login ID:

PIN:

[First time user account creation](#)

[Return to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application Login - New User



New users, please create a Login ID and PIN. Be sure to make note of your ID and PIN.

Your PIN can be up to 20 alphanumeric characters. Minimum 8 alphanumeric characters are required. At least one numeric character must be in the PIN. At least one alphabetic character must be in the PIN. Enter your PIN again to verify it and then select Login. Your Login ID and PIN will be saved.

Create a Login ID:

Create a PIN:

Verify PIN:

Login

[Return to Health Science Division](#)

## Cypress College Health Science Application - Select an Application Type

• In order to complete this application process, you must meet all minimum standards. Please review the program's webpage and minimum requirements before proceeding:

<u>Program Web Pages</u>	<u>Application Start Date</u>	<u>Application End Date</u>
<a href="#">Bachelor Funeral Service</a>	August 25, 2019 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Dental Assisting</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Dental Hygiene</a>	January 3, 2020 @ 8:00 am	February 28, 2020 @ 5:00 pm
<a href="#">Diagnostic Medical Sonography</a>	January 3, 2020 @ 8:00 am	February 28, 2020 @ 5:00 pm
<a href="#">Health Information Technology</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Mortuary Science (AS)</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Psychiatric Technology</a>	January 3, 2020 @ 8:00 am	March 31, 2020 @ 5:00 pm
<a href="#">Radiologic Technology</a>	January 3, 2020 @ 8:00 am	February 28, 2020 @ 5:00 pm
<a href="#">Registered Nursing</a>	January 3, 2020 @ 8:00 am	September 10, 2020 @ 8:00 am

**NOTE:** You may only submit an application for **one** of these programs during this application period.

To apply, first select the **Application Type** you want to complete. Please refer to the brochures for application deadlines.

Application Type:




**Choose the Diagnostic Medical Sonography program from the drop down menu here.**

Continue

[Return to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Apply for Admissions

 Select the term you want to apply for and then enter your name.

When you're finished, click **Fill Out Application** to continue.

\* - indicates a required field.

**Application Type:** Diagnostic Medical Sonography

**Admission Term:** \* Fall 2020

**First Name:** \*


**Middle Name:**

**Last Name:** \*

[Return to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application


## Cypress College Health Science Application - Application Checklist

 This is a checklist of your application sections. When you have completed a required section, a checkmark will appear by that section.

One **OFFICIAL** high school transcript, or GED or High School Proficiency must be submitted. A copy of your high school diploma will also be accepted.

One **OFFICIAL** college transcript **FOR EACH COLLEGE AND UNIVERSITY ATTENDED** including dual enrollment (college or university classes taken while in high school) must be listed and submitted.


Official transcripts must be submitted. If your college/university transcripts can only be sent to the Admissions office, please note this in the Footnotes section. Transcripts sent to Admissions and Records can only be uploaded once a student has a CC ID (@00000000).

 I am certifying that the information that I am submitting on my web application is complete and correct and that I fully understand that the penalties for providing false information may include suspension and/or expulsion if I am admitted to the program.

<b><u>Program</u></b>	<b><u>Application Start Date</u></b>	<b><u>Application Submitted Deadline Dates</u></b>
Diagnostic Medical Sonography	February 3, 2020 @ 8:00 am	Friday, February 28, 2020 @ 5:00 pm with documents received in person by Friday, March 13, 2020 @ 5:00 pm.

To start the application process, click the Name link below.

When you have provided all the application information, click **Review Application**.

 Please update any information that has changed from your previous application.

- |  |  |
|--|--|
| <input type="checkbox"/> Name                      | <input type="checkbox"/> Course Prerequisites  |
| <input type="checkbox"/> Address and Phone         | <input type="checkbox"/> General Education     |
| <input type="checkbox"/> Personal Information      | <input type="checkbox"/> Radiologic Experience |
| <input type="checkbox"/> Colleges (list all)       | <input type="checkbox"/> Footnotes (optional)  |
| <input type="checkbox"/> High School or Equivalent |  |


**Make sure to enter information into each of the sections by clicking on the title. Once each section is complete, a check will appear in the box.**

[Send email to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Name

Name (Checklist item 1 of 9)

 Enter your name and other information on this page.

When you're finished, click **Continue** to navigate to the next section.

\* - indicates a required field.

<b>Last Name:*</b>	<input type="text"/>
<b>First Name:*</b>	<input type="text"/>
<b>Middle Name:</b>	<input type="text"/>
<b>Previous Last Name:</b>	<input type="text"/>
<b>Previously Attended Cypress College?:*</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>If previously attended, what was your myGateway ID? (ex. @01234567) If you do not know your ID number, then enter "Not sure".</b>	<input type="text"/>
<b>Previously Applied To This Program?:*</b>	<input type="radio"/> Yes <input type="radio"/> No

[Checklist](#)

[Continue](#)


[Finish Later](#)

[Return to Checklist without saving changes](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Address and Phone

Address and Phone (Checklist item 2 of 9)

 Enter information about your permanent address and contact phone number on this page.

When you're finished, click **Continue** to navigate to the next section.

\* - indicates a required field.

### ***Permanent Address***

<b>Street Line 1:*</b>	<input type="text"/>
<b>Street Line 2:</b>	<input type="text"/>
<b>City:*</b>	<input type="text"/>
<b>State:*</b>	None <input type="button" value="v"/>
<b>Zip Code:*</b>	<input type="text"/>
<b>Contact Phone Number:*</b>	<input type="text"/> - <input type="text"/> extension <input type="text"/>

[Return to Checklist without saving changes](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Personal Information

Personal Information (Checklist item 3 of 9)



Enter your Personal Information on this page.

If you need an email address, please use services such as [Yahoo](#) or [Gmail](#).

When you're finished, click **Continue** to navigate to the next section.

\* - indicates a required field.

<b>Citizenship:*</b>	US Citizen <input type="button" value="v"/>
<b>Email:*</b>	<input type="text"/>
<b>Verify e-mail address:*</b>	<input type="text"/>
<b>SSN (XXXXXXXX):</b>	<input type="text"/>
<b>Gender:*</b>	<input checked="" type="radio"/> Male <input type="radio"/> Female
<b>Birth Date:*</b>	Month <input type="button" value="None"/> Day <input type="button" value="None"/> Year (YYYY) <input type="text"/>
<b>Are you an F-1 Visa student?*</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>I am a veteran or a spouse of a veteran.*</b>	<input type="radio"/> Yes <input type="radio"/> No

What is your ethnicity?

- Hispanic or Latino  
 Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic/Latino	Hispanic	Middle Eastern
<input type="checkbox"/> 0 American Indian	<input type="checkbox"/> Afghan	<input type="checkbox"/> African	<input type="checkbox"/> Fijian	<input type="checkbox"/> Armenian	<input type="checkbox"/> Central American	<input type="checkbox"/> Argentinian	<input type="checkbox"/> 6 Native American
<input type="checkbox"/> 1 Native American Pacific Region Tribes	<input type="checkbox"/> Asia Aral Sea Region	<input type="checkbox"/> African American	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Australian	<input type="checkbox"/> Hispanic Other	<input type="checkbox"/> Bolivian	<input type="checkbox"/> 6 Native Mountain-Prairie Region Tribes
<input type="checkbox"/> 2 Native American Pacific Region Tribes	<input type="checkbox"/> Asian	<input type="checkbox"/> African Caribbean	<input type="checkbox"/> Maori	<input type="checkbox"/> Basque	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Central American	<input type="checkbox"/> 6 Mandan, Hidatsa, Arikara
	<input type="checkbox"/> Asian American	<input type="checkbox"/> African East Islands Region	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Canadian	<input type="checkbox"/> Mexican/Mex-American/Chicano	<input type="checkbox"/> Chilean	
	<input type="checkbox"/> Asian	<input type="checkbox"/> African Other		<input type="checkbox"/> Eastern European	<input type="checkbox"/> South American	<input type="checkbox"/> Columbian	
				<input type="checkbox"/> European Jewish			

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Colleges (list all)

Colleges (list all) (Checklist item 4 of 9)

In order to verify your overall GPA you must **list and submit** transcripts from all regionally accredited colleges even if the classes taken do not directly relate to the program in which you are applying. This includes any colleges where there is a record of you attending which includes 'W' (withdrawal) and dual enrollment (college or university classes taken while in high school). Failure to do so will make your application ineligible.

We may use the Nation Student Clearinghouse to verify your information.

Enter your current college information on this page, including Cypress College and Fullerton College. If necessary, click **Enter or View another College** to enter information about another college. All colleges attended must be submitted.

When you're finished, click **Continue** to navigate to the next section.

Students who have attended colleges and universities outside of the United States and believe they have successfully completed courses applicable to the Associate Degree/Certificate requirements must have their transcripts evaluated by one of the approved NACES evaluation agencies. Evaluations need to be done course by course with grades and units. Evaluations for degree equivalency recommended if student is applying for Dental Hygiene, Health Information Technology or Radiologic Technology programs. <http://www.naces.org/members.htm>

ALL COLLEGES OR UNIVERSITIES ATTENDED must be listed, including dual enrollment college or university classes taken while in high school.

Official transcripts must be submitted. If your college/university transcripts can only be sent to the Admissions office, please note this in the Footnotes section. Transcripts sent to Admissions and Records can only be uploaded once a student has a CC ID (@00000000).

[Click here for a list of the College\(s\) that you have already entered.](#)

\* - indicates a required field.

<b>College Information:</b>	
<b>College Name:*</b>	<input type="text"/>
<b>College City:*</b>	<input type="text"/>
<b>College State:</b>	None <input type="button" value="v"/>
<b>College Country:</b>	None <input type="button" value="v"/>
<b>College Degree Awarded:</b>	None <input type="button" value="v"/>
<b>College Degree Year:</b>	Year (YYYY) <input type="text"/>


**Make sure to click 'Enter another college' to add each college attended (including W's and dual enrollment courses). ALL colleges attended must be listed for application to be considered eligible.**



# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - High School or Equivalent

High School or Equivalent (Checklist item 5 of 9)

 Graduation from high school, completion of the General Education Development (GED) test with a minimum score of 450, or passing the high school proficiency examination is required for admission to this program.

===== High School =====	
High School Graduate?	<input type="text" value="select"/>
High School Name	<input type="text"/>
High School City	<input type="text"/>
High School State	<input type="text" value="select"/>
High School Country	<input type="text" value="select"/>
High School Graduation Year	<input type="text" value="select"/>
----- OR -----	
===== High School Equivalency =====	
GED Test (minimum score 45)	<input type="text" value="select"/>
High School Proficiency certificate	<input type="text" value="select"/>

**Either put in:**  
**College Degree Information**  
**OR High School information**  
**OR put in GED**  
**OR put in High School Prof.**


**You cannot enter more than one.**

[Return to Checklist without saving changes](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Course Prerequisites











Course Prerequisites (Checklist item 6 of 9)

 Enter information for the program prerequisites and requirements that you have met.

Courses indicated by \* are required. If you have not taken these courses, you are ineligible for acceptance into the program and may not complete this online application.

Transcripts verifying the information entered below must be submitted by the deadline date, or your application will be rejected.

One OFFICIAL college transcript FOR EACH COLLEGE AND UNIVERSITY ATTENDED must be listed and submitted. If transcripts are sent to records it is the students responsibility to notify the Health Science Application office that they are in records. If your college/university transcripts can only be sent to the Admissions office, please note this in the Footnotes section.

Line	Course or Requirement	Help	Notes	Course Taken (Subject/Course Number)	Course School	Course Units	Course Grade	Course Term	Course Year
1	* Medical Terminology (HS 145)		E	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
2	* Anatomy & Physiology (BIOL 210 C)		A	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
3			A	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
4	* Radiologic Electronics (RADT 142 C)		D	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
5	* ENGL 100 or COMM 100		B,D	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
6	* Radiography Patient Care (RADT 153 C)		E	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
7	* Survey of Disease (HS 147 C)			<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
8	* Computer Info Systems (CIS 111)			<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
9	* Intermediate Algebra (or Higher)		D	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
10	* Eligibility for English 100 C		B,C,D,F	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼

### Notes

- A If separate Anatomy and Physiology courses, enter Anatomy course on Line 2 and Physiology course on Line 3.
- B You may use the same English class for line 5 and line 10, if needed.
- C If you have already completed English 100 or a comparable class, please enter it here.
- D For Tests or Exams, select the appropriate value under **Course Grade** (other fields in that row may be left blank).
- E For completion of a comparable class at ROP, School of Continuing Education or vocational college that has been approved with a course substitution, select "Course Substitution" under **Course Grade** and enter the "Course Title" in the **Course Taken** field (other fields may be left blank).
- F The grade for this course is not used to calculate your GPA for points for this program.


**All boxes within each required line must be filled in or the page will not save and an error will occur, unless AP or Degree is selected in the course grade column.**














































**If a college is not listed in the drop down menu, the college needs to be added to the list of colleges attended in the 'previously attended college(s)' section.**

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Additional Courses

General Education (Checklist item 7 of 9)

 Enter information for the following General Education courses that you have completed.

Line	Course or Requirement	Help	Notes	Course Taken (Subject/Course Number)	Course School	Course Units	Course Grade	Course Term	Course Year
1	* English 100 (Written Communications)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
2	* Analytical Thinking (English, Communications, Philosophy)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
3	* Arts (Arts, Dance, Music, Theater, Photography)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
4	* Humanities (Foreign Language, Literature, Philosophy)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
5	* Social Science (Anthropology, History, Political Science, Psychology, Sociology)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
6	* Social Science (Anthropology, History, Political Science, Psychology, Sociology)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
7	* PE (Physical Education)			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
8	* Cultural Diversity			<input type="text"/>	select 	<input type="text"/>	select 	select 	select 
9	* Reading		A	<input type="text"/>	select 	<input type="text"/>	select 	select 	select 

**Notes**

A See [CC Native GE Requirements](#) for options.

[Return to Checklist without saving changes](#)

**All boxes within each required line must be filled in or the page will not save and an error will occur, unless AP or Degree is selected in the course grade column.**

**If a college is not listed in the drop down menu, the college needs to be added to the list of colleges attended in the 'previously attended college(s)' section.**

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - General Education

### Radiologic Experience (Checklist item 8 of 9)



Enter information for any **Introduction to Sonography (DMS 060 C)** courses that you have completed.

This course is not required, but it is to your advantage to complete this information if you have completed this course one or more times.

Transcripts verifying the information entered below must be submitted by the deadline date.

Line	Course or Requirement	Help Notes	Course Taken (Subject/Course Number)	Course School	Course Units	Course Grade	Course Term	Course Year
1	Introduction to Sonography (DMS 060 C)	<a href="#">?</a>	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
2	Additional Introduction to Sonography (DMS 060 C)	<a href="#">?</a>	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
3	Additional Introduction to Sonography (DMS 060 C)	<a href="#">?</a>	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
4	Additional Introduction to Sonography (DMS 060 C)	<a href="#">?</a>	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼
5	Additional Introduction to Sonography (DMS 060 C)	<a href="#">?</a>	<input type="text"/>	select ▼	<input type="text"/>	select ▼	select ▼	select ▼


#### Notes

[Return to Checklist without saving changes](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Footnotes (optional)

Footnotes (optional) (Checklist item 9 of 9)

 Briefly note any pre-approved petitions for exceptions, course substitutions, current transcripts that have already been turned in to the Health Science Application office or any other related approved application information.

This section is optional and is not required to be filled in order to submit your application.

When you're finished, click **Continue** to navigate to the next section.


**Footnotes (optional):**

**Footnotes are optional and used to clarify something in the application.**

[Return to Checklist without saving changes](#)

# SAMPLE Diagnostic Medical Sonography Application

## Cypress College Health Science Application - Application Checklist

 This is a checklist of your application sections. When you have completed a required section, a checkmark will appear by that section.

One **OFFICIAL** college transcript **FOR EACH COLLEGE ATTENDED** and dual enrollment (college or university classes taken while in high school) must be listed and submitted.

One **OFFICIAL** high school transcript, or GED or High School Proficiency must be submitted. A copy of your high school diploma will also be accepted.

If your college/university transcripts can only be sent to the Admissions office, please note this in the Footnotes section.

- I am certifying that the information that I am submitting on my web application is complete and correct and that I fully understand that the penalties for providing false information may include suspension and/or expulsion if I am admitted to the program.

<u>Program</u>	<u>Application Start Date</u>	<u>Application Submitted Deadline Dates</u>
Diagnostic Medical Sonography	January 3, 2020 @ 8:00 am	Friday, February 28, 2020 @ 5:00 pm with documents received in person by Friday, March 13, 2020 @ 5:00 pm.

To start the application process, click the [Name](#) link below.

When you have provided all the application information, click **Review Application**.

- ✓ Name
- ✓ High School or Equivalent
- ✓ Address and Phone
- ✓ Course Prerequisites
- ✓ Personal Information
- ✓ General Education Courses
- ✓ Colleges (list all)
- ✓ Footnotes (optional)

**After all items have been entered,  
click 'Review Application'.**

[Send email to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application

Cypress College Health Science Application review page

Please review the following information from your application. To change any of the information, click on the Edit link next to the section title.

**If you have any questions regarding the application, please contact Health Science Counseling at [healthscience@cypresscollege.edu](mailto:healthscience@cypresscollege.edu) with your specific questions and contact phone number before you submit.**

**No changes will be allowed after you click the "Submit Application" button.**

## Application Summary

Login ID TestDMS0  
Program Admission Term Fall 2020  
Program Type Diagnostic Medical Sonography

## Name (Edit)

Last name Smith  
First name John  
Middle name  
Previous last name  
Previously attended Cypress College? Yes  
Previously myGateway ID @01234567  
Previously applied to this program? Yes

## Address and Phone (Edit)

Street Line1 9200 Valley View St  
Street Line2  
City Cypress  
State California  
Zip Code 90630-5805  
Contact phone number /extension 714 4847270

## Personal Information (Edit)

Citizenship US Citizen  
Email address jsmith@cypresscollege.com  
Social security number --  
Gender Male  
Birthdate 01/01/1990  
F-1 Visa student? No  
Veteran or spouse of a veteran? No  
High school country  
High school graduation year  
GED Test (minimum score 450)? No  
High School Proficiency certificate? No

## Course Prerequisites (Edit)

Ln	Course or Requirement	Course Taken	Course School	Units	Grade	Term	Year
1	Medical Terminology (HS 145)	HS 117	Mesa College	3	A	Spring	2014
2	Anatomy & Physiology (BIOL 210 C)	BIO 1	Cal State Fullerton	4	A	Fall	2015
3		BIO 2	Cal State Fullerton	4	B	Spring	2016
4	Radiologic Electronics (RADT 142 C)	RADT 142	Cypress College	3	B	Spring	2014
5	COHM 50/100 or ENGL 100	COHM 100	Cypress College	3	A	Spring	2017
6	Radiography Patient Care (RADT 153 C)	RADT 153	Cypress College	3	C	Spring	2017
7	Survey of Disease (HS 147 C)	HS 112	Miramar College	3	C	Spring	2014
8	Computer Info Systems (CIS 111)	CIS 105	Mesa College	3	A	Fall	2015
9	Intermediate Algebra (or Higher)	MATH 59	Miramar College	4	B	Fall	2015
10	Eligibility for English 100 C	ENGL 1A	Cal State Fullerton	4	A	Fall	2015

## Additional Courses (Edit)

Ln	Course or Requirement	Course Taken	Course School	Units	Grade	Term
1	English 100 (Written Communications)				Degree	
2	Analytical Thinking (English, Communications, Philosophy)				Degree	
3	Arts (Arts, Dance, Music, Theater, Photography)				Degree	
4	Humanities (Foreign Language, Literature, Philosophy)				Degree	
5	Social Science (Anthropology, History, Political Science, Psychology, Sociology)				Degree	
6	Social Science (Anthropology, History, Political Science, Psychology, Sociology)				Degree	
7	PE (Physical Education)				Degree	
8	Cultural Diversity				Degree	
9	Reading				Degree	

## Footnotes (optional) (Edit)

Transcripts already on file with Cypress College Admissions and Records.

I am certifying that the information that I am submitting on my web application is complete and correct and that I fully understand that the penalties for providing false information may include suspension and/or expulsion if I am admitted to the program.

**If you have any questions regarding the application, please contact Health Science Counseling at [healthscience@cypresscollege.edu](mailto:healthscience@cypresscollege.edu) with your specific questions and contact phone number before you submit.**

**No changes will be allowed after you click the "Submit Application" button.**

**This is the review section of the application and is the last time to review prior to officially submitting the online application.**

**Once submitted, the application cannot be changed.**

# SAMPLE Diagnostic Medical Sonography Application

Cypress College Health Science Program Application Signature Page

Admission Term	Application Type (Program)	Reference Number (Office Use Only)
Fall 2020	Diagnostic Medical Sonography	15480
Date Submitted	Login ID	Name
27-JAN-2020	TestDMSO	John Smith
Contact Number	Email Address	Other Names
714 4847270	jsmith@cypresscollege.com	

Your application will be reviewed by the Health Science Application Office when we have received all supporting documents. You may check the status of your application at any time by logging back into this web site.

Transcripts must be received by **Friday, March 13, 2020 at 5:00 pm**. All official transcripts (except Cypress College and Fullerton College, which may be unofficial and can be printed from myGateway) must be submitted to the Health Science Application Office.

You must **print out and sign** the following declaration and **deliver it in person** (along with the required supporting documents) to:

Health Science Application Office  
Cypress College  
9200 Valley View Street  
Building 13 TE3, Room 217  
Cypress, CA 90630

Health Science Application Office Hours: M-F 8a-1p, 2p-5p. It is the applicant's responsibility to [check the most recent schedule](#) for campus events.

Notification emails will be sent out no later than May 1 for Fall applicants and December 1 for Spring applicants.

**This is a sample signature page.**  
**Read the entire document carefully and follow the instructions and deadline dates.**

#### Your required documents are:

**\*\*\*Please submit a complete packet of your required documents to the Health Science application office. We will not accept transcripts that have been opened prior to submission or printed PDF documents.\*\*\***

- Signature Page
- Cal State Fullerton official transcript
- Unofficial Cypress College transcript
- Mesa College official transcript
- Miramar College official transcript

#### Notes:

Transcripts already on file with Cypress College Admissions and Records.

**Notice!** If you are reapplying to this program, you can mail in this signature page. ✕

I am responsible for attending the mandatory DMS orientation. Failure to attend will cause my application to become ineligible. A flyer from the Health Science Applications Office is available for pick up. Received: \_\_\_\_\_

I certify that the information given in this application to the Diagnostic Medical Sonography program is complete and correct. I understand that the penalties for providing false information may include dismissal from the Diagnostic Medical Sonography program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Print Signature Page](#)


[Return to Application Menu](#)



# SAMPLE Diagnostic Medical Sonography Application

To view your previously submitted information for the current application period, click here to open your application.

## Application Menu

 Click the **New** link to create a new web application. To view all sections of an application, click the link displayed in **Admission Term**. To return to a previous section, click the link displayed in **Last Section**.

### Applications in Progress

Admission Term	Application Type (Program)	Date Created	Last Section Updated
Fall 2020	Diagnostic Medical Sonography	01/22/2020	Footnotes (optional)
<a href="#">New</a>	Create a new application		

[Send email to Health Science Division](#)

[Return to Health Science Division](#)

# SAMPLE Diagnostic Medical Sonography Application

Application Menu

**Current Application Status**

## Application Submitted

Admission Term	Application Type (Program)	Date Submitted	Contact Email Address
Fall 2020	Dental Hygiene	01/24/2020	jsmith@cypresscollege.com

**Need to reprint your signature page? [Click here.](#)**

## Application Status

Incomplete - documents due      Your application is not complete because some or all of the required supporting documents have not yet been received. The receipt status of each document is listed below. **In order for your application to be considered, all documents must be received by the deadline.**

## Required Documents

Receipt Status	Document Description
<input type="checkbox"/> (NOT Received)	Signature Page ( <a href="#">click here to reprint Signature Page</a> )
<input type="checkbox"/> (NOT Received)	G.E.D. certificate
<input type="checkbox"/> (NOT Received)	Cal State Long Beach official transcript

**This is a sample application review page. The boxes will be checked once you have submitted your signature page and all required documents to the Health Science Applications Office.**