



Office Use Only	
Received by:	_____
Date Rec'd:	_____
Qualifying G.P.A.:	_____
Completion of All Pre-Reqs?:	Yes or No

Saddleback College

Division of Health Sciences & Human Services – Bldg. 6, Room 236 (8:00 a.m. – 5:00 p.m. Mon. – Fri., excluding holidays)

Student Application

Health Information Technology Program

Please Print

Saddleback Student I.D. # _____ E-mail Address _____ Gender (check one): Male Female

Last Name _____ First Name _____ Middle Initial _____

Maiden Name _____ Previous Names Used _____ D.O.B. _____

Address _____

(_____) _____ (_____) _____ (_____) _____
Home Telephone Cell Work Telephone

High School Attended _____ City & State of High School Attended _____ High School Graduation Year _____

Please Check This Box If You Have a G.E.D. Year Received: _____

Please indicate your level of computer experience:

Beginner Intermediate Advanced

Are you a U.S. Citizen? Yes No

Are you here on a student Visa? Yes No ----- If yes, please attach a copy of Visa

Have you previously applied to the program? Yes No

Have you taken any additional courses since your last application? Yes No N/A

If yes, please indicate which courses: _____

Are you a student of the Saddleback College Medical Assistant Program? Yes, In-Progress No Graduate of the M.A. Program

How did you learn of the Saddleback College Health Information Technology Program?

<input type="checkbox"/> Campus Newspaper (Lariat)	<input type="checkbox"/> KSBR Radio (88.5 FM)
<input type="checkbox"/> Channel 39 (Cox Communications)	<input type="checkbox"/> MySite Message Board
<input type="checkbox"/> College Web Site – Home Page Bulletin Board	<input type="checkbox"/> Off-Campus Publicity
<input type="checkbox"/> College-Wide E-mail	<input type="checkbox"/> T.V. Screen in the Health Sciences Building
<input type="checkbox"/> Electronic Marquees (Quad or Street)	<input type="checkbox"/> Other (Please Specify):