

Core Diagnostic Medical Sonography Petition Form

Name: _____ Student ID: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Core admission will be considered to students who have completed the following requirements:

You must be able to answer **YES** to all questions below.

YES	NO	
		I have attended my program meeting with the advisor and been accepted as a pre-core Diagnostic Medical Sonography Program student at MPTC.
		I have completed and submitted HESI scores with a demonstrated overall score of 70% or above.
		I have successfully completed College Algebra.
		I am currently enrolled in or have successfully completed College Physics 1.
		I am currently enrolled in or have completed General Anatomy and Physiology with a grade of B- or better.
		I have attached an unofficial MPTC transcript.
		I have completed the following forms: <ul style="list-style-type: none"> • Student Acknowledgement • Technical Standards/Statement of Understanding • Employment Verification/Volunteer Form
		I have attached my resume.
		I have completed an Employment Verification/Volunteer Form/s (optional).
		I have attached my one-page essay that describes steps I have taken to research or gain experience related to the field of Diagnostic Medical Sonography. How will this program help me meet personal and professional goals and interests?

- Students will be notified via college email by **April 7, 2023** if they have or have not been selected for Diagnostic Medical Sonography Core status. **Do not call to inquire about your status.**
- Staple all requested documentation in the order listed above to this Petition Form to create your petition packet. Place in a **9x12** envelope addressed to:

MPTC Diagnostic Medical Sonography Program
Attention: Mary Nyhouse
2151 N. Main Street
West Bend, WI 53090

Forms will only be accepted March 6-10, 2023. All paperwork is due by 4:00 p.m. on March 10, 2023. No exceptions.

Student Signature: _____ Date: _____