

Del Mar College
Diagnostic Medical Sonography Program
Echocardiology
Application for Admission

(March 1st deadline to apply)

Date: _____ Student ID # _____

Name _____
Last First Middle

Mailing Address: _____

_____ *City State Zip Code*
Home Phone # _____ Cell Phone # _____

In Case of Emergency, please notify: _____
Name

_____ *Address City, State, Zip HomePhone# Cell Phone#*

If applicable, Degrees Date: _____ Number: _____
Certificates Date: _____ Number: _____
Registries Date: _____ Number: _____

Where did you first hear of the Diagnostic Medical Sonography Program?
Radio _____ TV _____ Internet _____ Other _____

Are you currently enrolled this semester? If so, what courses: _____

**Applicant's accepted into the program will be required to provide drug testing and background check.

The provisions and information set forth in this statement are intended to be informational and not contractual in nature and are subject to modification without notice, by the Administration or the Board of Regents. For additional explanation see the Disclaimer in the College Catalog.

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, handicap, or any other constitutionally or statutorily impermissible reason. This shall include persons with disabilities.

Official Transcripts must accompany this application