## TYLER JUNIOR COLLEGE

## **HEALTHCARE ADMINISTRATION BAT PROGRAM**

## **Admissions Application**

Application must be filled out completely. Applicants must have applied and been accepted as a TJC student to continue. Complete program information is available at tjc.edu/htms.

Applicant Name:		A#:
Student Information		
Home Phone:	Cell Phone:	Work Phone:
TJC Email Address:		
Personal Email Address:		
Address (Street/Apt):		
(City/State/Zip):	Cou	nty:
Are you a U.S. citizen? $\Box$ Yes	$\square$ No	
Emergency Contact:	City	:
Home Phone:	Cell Phone:	Work Phone:
Have you previously attended 7	yler Junior College?   Yes	□No
If so, when?		
Have you been registered in sch	nools or colleges under a diff	ferent name? □Yes □No
If yes, please list name(s):		
Do you have an associate degree	ee? □Yes □ No	
Please list the school that awar	ded your associate degree:	
Please list the type of degree (A	AA, AS, AAS, AAA):	
Please list field of study:		
<ul> <li>Associate degree in Health Information Technology (A)</li> <li>Please consult with acaden another field or other relate</li> </ul>	care Administration (AAS), NAS) or Business Managemen nic advisor or department ched healthcare field. ative Grade Point Average (Conts as stated above, the steps TJC.	GPA) of 2.5 or higher in associate degree.
I have read understand and agr	ree to all requirements upon	acceptance into the Healthcare
Administration program.	ce to an requirements upon	
Student Signature:	dent Signature: Date:	