



# GROSSMONT COLLEGE

## APPLICATION TO THE ASSOCIATES DEGREE IN CARDIOVASCULAR TECHNOLOGY PROGRAM

This application must be completed in full in order for your name to be placed on the program waitlist. Please review it carefully.

All requirements and documentation must be completed and submitted to the CVT Office to be placed on the CVT Program wait list. Applicants are notified by email upon receipt of official transcripts and completed application. **Once a student accepts a seat in any Health Professions Program at Grossmont College, his/her name will be removed from all other Grossmont College Health Professions waitlists.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Previous Name \_\_\_\_\_ Alternate Phone No. (Cell) \_\_\_\_\_  
Important if your records reflect a name different from above.

Address\*\* \_\_\_\_\_ Grossmont ID# (if applicable) \_\_\_\_\_  
Street (Confidential—for records only)

\_\_\_\_\_ Birth Date \_\_\_\_\_  
City State Zip (Confidential—for records only)

E-mail Address\*\* \_\_\_\_\_ High School (City, State) \_\_\_\_\_  
(A copy of HS diploma, transcripts, GED or higher education is required to apply)

SCIENCE PREREQUISITES*	Course Number	No. of Units	Lab Course Y/N?	Year Completed	Name of College	Letter Grade Received
Chemistry						
Anatomy & Physiology I or Anatomy with Lab						
Anatomy & Physiology II or Physiology with Lab						

Please submit this application only after you have completed and received a grade for the 3 science prerequisites. Applicants will be placed on the waiting list only after completing the required coursework and official transcripts from all of the prerequisites are on file in the Cardiovascular Technology Office.

\*If science prerequisites were completed at a college outside of San Diego County, please provide course descriptions from the college catalog or from their website to be approved for equivalency. **Submit official transcripts of all science prerequisites with this application. Your application is incomplete and you will not be placed on the program waitlist until prerequisite transcripts are in the CVT Office.**

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY: \_\_\_\_\_American Indian or Alaskan Native \_\_\_\_\_African-American \_\_\_\_\_Asian or Pacific Islander \_\_\_\_\_Hispanic \_\_\_\_\_Filipino \_\_\_\_\_White \_\_\_\_\_Other  
\_\_\_\_\_Male \_\_\_\_\_Female

**\*\*Important:** If you have a change in address, phone number or email while on the wait list, you must contact the CVT Office in writing. Your status on the wait list will be compromised if we are unable to reach you. You may email changes to [GrossmontCVT.info@gcccd.edu](mailto:GrossmontCVT.info@gcccd.edu)

Application Date:  
Office Use:  
Completed Date:

**College and/or  
Post High School Education**

Name of College

Years Attended

Degrees

_____	_____	_____
_____	_____	_____

**\*Note** official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly suggested that you make an appointment with a college counselor after submitting the application to verify all General Education and Major Requirements are fulfilled before entering the program.

How did you hear about the field of Cardiovascular Technology?: _____
How did you hear about our Cardiovascular Technology Program?: _____

**PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:**

Work experience in the health care field? \_\_\_ Yes \_\_\_ No

If yes, where and dates of employment. \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

Students in **ALL** programs will be required to complete the background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements upon admission to the program.

Please send this application and official transcripts to the Grossmont College Cardiovascular Technology. Program at the address below or return it in person to the CVT Office.

**GROSSMONT COLLEGE**

Cardiovascular Technology Program  
8800 GROSSMONT COLLEGE DRIVE  
EL CAJON, CA 92020-1799  
(619) 644-7303 Phone  
(619) 644-7961 Fax  
[GrossmontCVT.Info@gcccd.edu](mailto:GrossmontCVT.Info@gcccd.edu)  
<http://www.grossmont.edu/cvt/>

Date: \_\_\_\_\_

Signature: \_\_\_\_\_