

Tulsa Community College
Allied Health Services
Diagnostic Medical Sonography

Check List

_____ Application to be a student at Tulsa Community College

_____ Transcripts from all other colleges have been sent to Tulsa Community College

_____ ACT Score has been sent to Tulsa Community College

_____ I have met with an Academic Advisor at Tulsa Community College

_____ My ACT Score is ***a minimum of an 18***

_____ My College GPA is ***a minimum of a 2.5***

_____ ***I have completed/ or am enrolled in the program's prerequisites by the spring semester in which I am applying***

(Freshman Composition, College Algebra, Human Anatomy & Physiology, Physics)

_____ I have verified with student services that all of my records are current and correct before the April 1st deadline

_____ Application to DMS by the April 1st deadline (Electronic)

_____ if applicable, I have a letter of recommendation from the program director affiliated with any TCC nursing or allied health program where I have been granted admission into or graduated from