



Emergency Medical Sciences Program Application

Return this Application to:
Jeremiah Underwood, Director of EMS Programs
(336) 334-4822, ext. 50378; email: jwunderwood1@gtcc.edu

Please PRINT OR TYPE the information below. It is the applicant's responsibility to notify GTCC IN ADVANCE OF SUBMITTING THIS APPLICATION of any name, address, or telephone changes.

Name _____
Last First Middle GTCC Student ID Number (not SSN)

Address _____
Number Street Apt. Number

City _____ State _____ Zip _____ Telephone _____

GTCC Email Address _____ Alternate Email _____



Have you previously been accepted or enrolled in the EMS program @ GTCC

Yes (_____) No
Semester/Year

Emergency Medical Science Program Application Checklist

- I **understand** that ALL required documentation must be attached to the *Emergency Medical Science Program Application* at the time it is submitted. I understand that, once I submit my application, nothing can be added to or removed from my file.
- I **verify** that all high school/GED and college transcripts (if applicable) have been received by GTCC and that any applicable transfer credit has been awarded.
- I have **attached** a copy of my GTCC Unofficial WebAdvisor Transcript. I understand that my final grades, including all applicable transfer credits, must be posted to my GTCC transcript by the deadline date to be considered for verification of having met the minimum admission requirements and for earning possible ranking points in the selection process.
- I have **attached** my TABE test scores (minimum 710 for reading, 730 for math)
- I have **completed** all aspects of the EMS Admission Packet.

Signature of Applicant

Date