



# Supplemental Admission Application For Diagnostic Medical Sonography

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### Please check one of the following:

- I have no prior education in the program.
- I am a transfer student from another program/college in this health area.

Transferring from: \_\_\_\_\_  
School Name Year studied

### Please describe your work history:

#### Current Job:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Prior jobs related to healthcare, if any:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Any other work experience:

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

\* A resume may be attached to supplement this form.

■ **Volunteer Experiences:** On a separate sheet of paper, please list and describe any volunteer work you may have done. Your responses must be typed and remember to include your name and Middlesex student number at the top of your list of volunteer experiences.

**Applicants must submit this form and all application materials to the Student Information Center on the Bedford or Lowell campus or mail them to:**

Middlesex Community College  
Enrollment Services Department  
33 Kearney Square, Lowell, MA 01852-1987