



RE-APPLICATION INFORMATION
Diagnostic Medical Sonography Program
Doña Ana Community College

Check one: Certificate _____ Associate Degree _____

PLEASE TYPE OR PRINT

1) Name _____ Banner ID _____

2) Current Address

3) Telephone Numbers:
(Mobile) _____ (Work) _____ (Home) _____

4) Year of initial application _____

5) Provide an updated unofficial transcript of any new college coursework completed since your last application.

6) Provide proof of personal Health Insurance

7) HOBET testing

This re-application form is intended to eliminate repetitious documentation and update the applicant's academic experience. This form may be used instead of the longer, initial application form by individuals who have previously qualified and applied for admission to the program ***within the previous year***; and whose information involving health/background/clinical site selection has remained unchanged.

Candidates who re-apply to this program will be considered the same as a candidate who has applied for the first time. Since each year's candidate pool differs, the level of competition for positions in the program may differ from year to year.

Signature of applicant: _____ Date: _____

Signature verifies that all information contained in the previous application packet is current and accurate.