

IMPORTANT NOTE:

*Complete this form
only if you turned in
a DMS application for
the 2011 year.*

CHATTANOOGA STATE COMMUNITY COLLEGE

DIVISION OF NURSING/ALLIED HEALTH

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

FALL 2012 UPDATE FORM

IF YOU WANT TO BE CONSIDERED FOR THE 2012 FALL CLASS, COMPLETE THIS FORM AND RETURN BEFORE January 14, 2012.

___ General Sonography ___ Cardiovascular

SOCIAL SECURITY # _____

NAME _____

ADDRESS _____

CITY,ST,ZIP _____

HOME PHONE _____

WORK PHONE _____ CELL NUMBER _____

MAKE SURE THAT ALL NECESSARY TRANSCRIPTS HAVE BEEN RECEIVED OR ARE BEING SENT. CALL ME AT (423) 697-2504 OR CALL THE RECORDS OFFICE AT (423) 697-2474 TO VERIFY.

Check One:

___ I have met the requirement for completing a College-level algebra.

___ I have not completed a College-level algebra, but I plan to complete it prior to Fall 2011.

RETURN TO:

**CHATTANOOGA STATE, ALLIED HEALTH
ATTN: APPLICATION COORDINATOR
4501 AMNICOLA HIGHWAY
CHATTANOOGA, TN 37406**

