



OFFICE OF ADMISSION CHECK LIST

Student Name: _____ **ID#** _____

EACH STUDENT FILE SHOULD CONTAIN THE FOLLOWING:

Application Yes _____ No _____

Valid Photo ID Yes _____ No _____

Transcript

- Official High School Yes _____ No _____
- GED Scores Yes _____ No _____
- College Transcripts* Yes _____ No _____

**SAT or ACT Test Score (Freshmen students
(If no, Accuplacer test required)**** Yes _____ No _____

TB Skin Test/ Immunization Record

- Undergraduates in the Dormintory Yes _____ No _____
- All Allied Health Students Yes _____ No _____

Covid Test

- Undergraduates in the Dormintory Yes _____ No _____
- All Allied Health Students Yes _____ No _____

***Transfer students MUST have ALL Official transcripts from previously attended colleges.**

Student Admission File complete: Yes No

Admission Director: _____ **Date:** _____

Registrar: _____ **Received** _____ **Approved** _____ (Date) _____

Returned to Admission _____ (Date) _____

**The Admission’s Director must verify that all newly admitted student records have been received prior to enrollment and submit a list of the same to the Registrar. The Registrar shall sign in acknowledgement of records from the Admission’s Director. From that date, the Registrar will have four (4) calendar weeks or twenty (20) work days to review new student records and verify that they are complete. Incomplete records may be returned to the Office of Admissions until they are complete. After this period, the records are the responsibility of the Registrar’s Office.