

Medical Assistant

CAP - (Conditional Application Process) Program Application for Admission



PimaCommunityCollege

NOTICE TO APPLICANTS:

This application meets the requirements of application of entry to the Medical Assistant program ONLY.

Student Number:

Last Name:

First Name:

Phone Number:

PCC E-mail Address:

Application Date:

INITIAL ADMISSION APPLICATION INSTRUCTIONS:

Complete the application and submit packet in one fluid PDF via your PCC student email to: pcc-mdaadmissions@pima.edu.

No personal or work email submissions will be accepted.

- Deadline for the Spring semester is November 15 annually. Submit applications for the Spring semester between July 1 and November 15 annually.
- Deadline for the Summer semester is March 31 annually. Submit applications for the Summer semester between January 1 and March 31 annually.
- Deadline for the Fall semester is June 15 annually. Submit applications for the Fall semester between April 1 and June 15 annually.

To complete your application packet, ensure that all documents are included prior to submission and that your name and PCC student A # appear on the first page of all PCC documents. It is the responsibility of the student to ensure all documents have been submitted. Packet will not be reviewed until after the deadline date.

Documents to attach to this application (check boxes to confirm submitted):

Attach Accuplacer NextGen Examinations or course completion posted on ONE unofficial PCC transcript.

Do NOT attach any documentation not listed above.

DISCLAIMER AND SIGNATURE:

I give permission for representatives of Pima Community College (PCC) to review my application to the medical assisting program (FERPA waiver). I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or relevant documents will result in my denial of consideration for admission and may be subject to Student Code of Conduct review. I understand that if I am not accepted into this program for this semester, it will be necessary to reapply for future semesters using a new application packet. It is my responsibility to ensure all required documentation is included in the packet I submitted for application review.

Student Name (typed name accepted for signature):

Date of Application: