

Core Diagnostic Medical Sonography Petition Form

Name: _____ Student ID: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Core admission will be considered to students who have completed the following requirements: You must be able to answer **YES** to all questions below.

YES / NO	I have attended my program meeting with the advisor and been accepted as a pre-core Diagnostic Medical Sonography Program student at MPTC.
	I have completed and submitted HESI scores with a demonstrated overall score of 70% or above.
	I have successfully completed College Algebra with a grade of C or better.
	I have successfully completed College Physics 1 with a grade of C or better.
	I have successfully completed General Anatomy and Physiology with a grade of B- or better.
	I have attached an MPTC degree audit.
	I have completed, signed, and included the following forms in my petition packet: <ul style="list-style-type: none"> • Student Acknowledgement
	<ul style="list-style-type: none"> • Technical Standards/Statement of Understanding
	<ul style="list-style-type: none"> • Employment Verification/Volunteer Form/s (optional, but recommended).

- Students will be notified via college email by **March 26, 2025** if they have or have not been selected for Diagnostic Medical Sonography Core status. **Do not call to inquire about your status.**
- Staple all requested documentation in the order listed above to this Petition Form to create your petition packet. Place in a **9x12 envelope** addressed to:

MPTC Diagnostic Medical Sonography Program
Attention: Sarah Chojnacki
2151 N. Main Street
West Bend, WI 53090

Petition packets will only be accepted March 3-7, 2025. Packets can be sent via US Mail or hand-delivered to the front desk at one of the three MPTC campuses. All paperwork is due by 4:00 p.m. on March 7, 2025. No exceptions.

Student Signature: _____ Date: _____