

ASUMH Funeral Science AAS Program APPLICATION

Last Name

First Name

Middle

Address

City State Zip

Telephone Number

ASUMH Email address

Prerequisites

INCLUDE transcripts from all previously attended colleges/universities showing final grades and CGPA and/or a copy of course schedule showing enrollment in required class(es) with name of instructor and email address.

BIOL 1013 Introduction to Human Anatomy and Physiology for Non-Healthcare Majors OR	Final Grade ____ Or Mid-Term Grade ____
BIOL 2004 Human Anatomy <u>and</u> Physiology I & Lab	Final Grade ____
BIOL 2014 Human Anatomy and Physiology II & Lab	Final Grade ____ Or Mid-Term Grade ____
CIS 1053 Computer Essentials	Final Grade ____ Or Mid-Term Grade ____
COMM 1203 Oral Communication	Final Grade ____ Or Mid-Term Grade ____
ENG 1003 Composition I	Final Grade ____ Or Mid-Term Grade ____
MATH 1113 Applied Math or higher-level math (provide course name/number in space below)	Final Grade ____ Or Mid-Term Grade ____
ORT 1001 First Year Experience for Funeral Science	Final Grade ____ Or Mid-Term Grade ____

Admission acceptance status made at application due date is contingent on final grades.

INCLUDE three letters of recommendation.

INCLUDE documentation of 20 hours of volunteer/job shadowing in the funeral service industry.

INCLUDE Affiliation Agreement (recommended but not required).

List any additional certifications or experiences that you feel will benefit you in the funeral service industry.

Important Disclosures about the Program and the Funeral Service Industry

(Initial and date after each statement to show that you have read and understand it.)

I understand this program has a specific course rotation that I am required to follow each semester.

_____/_____
Initials Date

I understand that all Funeral Science Education curriculum course work must be completed with a grade of "C" or better.

_____/_____
Initials Date

I understand that I must maintain a 2.5 GPA and will only be allowed to retake courses from which I withdrew or failed in the first semester upon admission to the program.

_____/_____
Initials Date

I understand that I am responsible for any costs associated with the program including field trips and Training Camp.

_____/_____
Initials Date

I understand that it is my responsibility to know the licensing requirements for any state in which I intend to practice.

_____/_____
Initials Date

I understand that students who have previously been convicted of a crime may be restricted from certain clinical facilities and may be ineligible for some state licenses.

_____/_____
Initials Date

I understand that students who have a physical disability should contact the state in which he/she plans to seek licensure to determine if the disability will affect licensure.

_____/_____
Initials Date

I understand that a current driver's license is required prior to enrolling in a clinical or practicum course.

_____/_____
Initials Date

I have read and understand the program dismissal policies contained within the Funeral Science Student Handbook.

_____/_____
Initials Date

I have read the Funeral Science Student Handbook, specifically the academic expectations, dress and hygiene codes and other student requirements, with which I will comply. I further understand that there may be costs involved for these requirements.

I understand that misrepresenting and/or falsifying any information submitted within this application will result in my immediate termination for consideration within the Funeral Science program.

Signature

Date