



Baltimore City Community College

HEALTH INFORMATION TECHNOLOGY PROGRAM

ADMISSION APPLICATION

FALL 2027

Please complete and return this form along with supportive documentation (**BCCC unofficial transcript, and an unofficial college transcript from the transferring institution, if transferring science courses**) via Canvas at <https://bccc.instructure.com/enroll/PPDR8T> by **Friday April 30, 2027**. If you have previously submitted official transcripts, please attach unofficial transcripts to this application. The Admissions Committee will review applications within two (2) weeks of the respective deadline.

PLEASE PRINT OR TYPE: Please type to assist us in contacting you in a timely manner.

BANNER ID NUMBER: B _____

NAME _____
(last) (first) (middle)

ADDRESS _____

PHONE NUMBERS: (HOME) _____ CELL/WORK _____

BCCC E-MAIL ADDRESS _____

The Health Information Technology Program will not be responsible for address and/or telephone number changes that are different than those submitted on the application. Failure to notify us of any information changes could result in our inability to reach you.

Successful completion of all Prerequisites and submission of this application does NOT guarantee acceptance into the Health Information Technology Degree or Coding Specialist Certificate Programs.

Please check all items that apply

- | | | |
|----------------------------------|--|--|
| ☐ AHP 130 | ☐ ENG 101 | ☐ GPA 2.5 or higher |
| ☐ BIO 202 | ☐ MAT 107 | ☐ Earned a grade of C or better |
| ☐ BIO 203 | ☐ PRE 100 or exempt | |

Please check which program you are applying to:

- | | |
|--|--|
| ☐ Health Information Technology | ☐ Coding Specialist Certificate |
|--|--|

If accepted but you do not accept your seat this year, you must reapply next year.

Your signature indicates that you have read and fully understand what is required of you concerning this application.

Name _____

Date: _____