

ASSOCIATE IN APPLIED SCIENCE PARAMEDIC WEIGHTED ADMISSION FORM Spring 2022

Weighted Admission Period August 15 through November 15th for Spring Enr	ollment
Date:* GTC Student ID #:*	
Name: * (Last) (First) (I	Middle) (Other Name Used)
Address:*	Apt. No.
City: * State: *	Zip Code:*
Home Phone: Work Phone:	Cell Phone:*
GTC Email Address: *	
The following criteria <i>must</i> be met prior to submitting weighted admiss	ion form. Please check all that apply.
If you are a new student, you must complete the application process to G	TC and have received an acceptance letter from Admissions.
Students who have not enrolled in courses at GTC for three conse Weighted Admission Form is supplemental to application to GTC	cutive semesters must reapply for admission to GTC.
Must have official transcripts from other colleges evaluated by GTC Tran Do not attach official transcripts to this form.	script Evaluation Office.
GTC does not always recognize courses at another institution as be Equivalencies on the GTC website or contact Transcript Evaluation Foreign transcripts must have course-by-course analysis from app	Office.
Must have met the eligibility requirements for placement into ENG 101 an	
Must have completed Anatomy & Physiology requirement of BIO 210 or E the course in the Fall semester, you can submit your application and dec	
Must have current and valid state and national EMT-Basic certification *If application and decision will be pending the verification of final grade.	you are taking the course in the Fall semester, you can submit your
Upload your NREMT Basic card via the link below to Attachment 1. Upload your SCDHEC card via the link below to Attachment 2.	
Must have completed ATI TEAS® test.	
If test not administered through GTC, must have official transcript s TEAS test scores are valid for 5 years.	sent to GTC via ATI system.
Must have completed the online Paramedic Career Talk: https://en.calameo.com/re	ad/003588527cbf8fbd6cea1 Be sure to click on the survey link located on the last
page to submit your participation completion. Date of completion:	
If you submitting documentation for SECTION C, Attach those documents be on official company letterhead stating dates of employment, as require Subject to verification.	

Weighted Admissions form and attachments will be submitted using the SUBMIT button at the end of this form. Submission serves as the time/date stamp.

Notification of acceptance/denial will be mailed approximately 4 weeks following weighted admission period deadline.

Student Name: * Section A: General Educar Count ONLY those courses orm.	tion Courses (quality				mission
Courses Taken	Credits	College/University Where Course Was Taken	Semester/Year Course Taken	Letter Grade	Quality Points
*BIO 210 or BIO 215	4				
*BIO 211 or BIO 216	4				
MAT 120	3				
ENG 101	3				
PSY 201	3				
SPC 205, 208 OR 209	3				
Humanities Elective :	3 or 4				,
Total Credits				Fotal Quality Points (maximum of 96 points)	
Completion of	all BIO and MAT Courses all BIO and MAT Courses	2.	only) If YES insert 10 p If YES insert 5 po	oints => ints =>	
Must be either BIO 210/211 See University Transfer lis reign language is chosen	st in GTC Catalog. Cour to satisfy the Humaniti	ses that appear with an es requirement, the cou	rse must be at the 102 le	evel or higher.	ection. If a
ection B: TEAS Entrance	e Exam - Must have co teria		nitting weighted admis		Earned
90 – 100 = 60 points 60	- 69 = 15 points - 59 = 0 points	Aujusteu iiluli	Vidual Fotal Octore 78	Points	Laillea
ection C: Previous Educ		ork Experience (not re	quired)		

Educational Experience – Must be from Regionally Accredited Institution College/University Date Earned Point Value Points Earned Previous College Degree 5

Diploma/Certification in Healthcare			5		
*CPR not accepted. CNA & CMA must have state licensure.					
COL 105 (Freshman Seminar)	Greenville Technical College		4		
Volunteer Experience - Documentation n (Volunteer hours are not arranged by the					
50 Hours in Volunteer Healthcare (within the last qualify.)	5 years) (Hours as part of he	alth related course does n	ot	4	
Work Experience (choose only one) – Do Work Experience in Healthcare – DIRECT Patient				o description.	
Work Experience in Healthcare – INDIRECT Patie	· 			4	
		Total Section C (mayin		nointo)	
		Total Section C (maxin	num of 24	points)	
	TAL DOINTS OF STOR	10 A D AND 0 / /			
	OTAL POINTS - SECTION	IS A, B, AND C (maxim	ium of 231	points)	
This form is t The maximum points is	o evaluate readiness to er rarely achieved and shou	ter into the Paramedic p ld not discourage stude	program. nts from ap	oplying.	
Attach Documents:					
Jpload NREMT Card Upload SC DHEC Car	d Upload Previous Educ	ation/Volunteer/Work Experience	e	Other Documents	
Signature Date		_			
dent Signature		Date:			