

CYPRESS COLLEGE
DIVISION OF HEALTH SCIENCE
9200 Valley View Street
Cypress, CA 90630

Dear Applicant:

This packet contains an application and information concerning the Mortuary Science Program. A separate application must be completed for admission to Cypress College and may be obtained from the Admissions and Records Office or online at (cypresscollege.edu).

1. Application forms must be printed with ink or typewritten. All blank spaces must be completed where applicable.
2. Cypress College Mortuary Science Program accepts new student applications for the Fall semester which starts in August each year and for the Spring semester which starts in January each year.
3. A total of 45 students are selected each Spring and each Fall semester. Applicants may exceed available seat space. Prioritization of qualified applicants will determine acceptance.
4. The American Board of Funeral Service Educators (accrediting body) now requires students to complete an Associates Degree in Mortuary Science for licensure.

(Please note: When applicants for this program exceed enrollment spaces available, F-1 Visa students are not accepted for admission).

If you are interested in being considered for admission to the Mortuary Science Program, please complete the following steps and return all necessary documents to the designated place by the appropriate deadline. (See application deadlines below).

SUBMIT THE FOLLOWING DOCUMENTS TO HEALTH SCIENCE COUNSELING OFFICE, CYPRESS COLLEGE
9200 VALLEY VIEW STREET, CYPRESS, CA 90630.

1. A completed **Mortuary Science Program Application**
2. One official copy of your high school transcript or high school diploma; GED or High School Proficiency
3. One Official college transcript(s) reflecting completion of prerequisites. (See minimum standards for application in information brochure). NOTE: ALL PREREQUISITES MUST BE COMPLETED PRIOR TO YOUR APPLICATION TO THE PROGRAM.
4. Submit a **Cypress College Application** to the Admissions and Records Office. Applications may be obtained from the Admissions and Records Office or on line.

*****APPLICATION DEADLINES*****

SPRING: Mortuary Science applications and supporting documentation must be received between September 1 and October 31.

FALL: Mortuary Science applications and supporting documentation must be received between February 1 and March 31.

Application deadline may be extended depending on space availability, call Health Science Counseling office for an update on application extension.

IT IS YOUR RESPONSIBILITY TO COMPLETE THE APPLICATION PROCEDURE. NO ACTION CAN BE TAKEN UNLESS YOU HAVE COMPLETED ALL REQUIREMENTS. YOU MUST COMPLETE YOUR APPLICATION AND SUBMIT IT DURING THE APPLICATION PERIOD. IT IS ALSO YOUR RESPONSIBILITY TO CHECK WITH THE HEALTH SCIENCE OFFICE (714) 484-7270 TO VERIFY THAT ALL APPLICATIONS REQUIREMENTS HAVE BEEN MET AND THAT YOUR OFFICIAL TRANSCRIPTS HAVE BEEN RECEIVED.

Sincerely,
Andrea L. Hannon, M.S.N., R.N.
Dean, Health Science Division

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CYPRESS COLLEGE
APPLICATION FOR ADMISSION INTO THE MORTUARY SCIENCE PROGRAM
SPRING _____ OR FALL _____

NAME _____ / _____
 (LAST) (FIRST) (MIDDLE) (MAIDEN/PREVIOUS NAMES USED)
 ADDRESS _____
 (NUMBER) (STREET) (APT) (CITY) (STATE) (ZIP)
 HOME PHONE _____ WORK PHONE _____
 For ID Purposes Only: Birthdate _____ Social Security _____
 States in which you may desire a license _____
 Cypress College Student # _____ Enrolled Now? _____ Previously Enrolled? _____
 Are you an F-1 Visa Student? No _____ Yes _____

EDUCATION	NAME OF SCHOOL	LOCATION	DATE OF ENTRANCE	GRAD DATE	DIP OR DEGREE
HIGH SCHOOL OR					
GED/H.S.PROFICIENCY					
LIST ALL COLLEGES ATTENDED					

I HAVE MET the prerequisites by taking the following courses:

COURSE	YES	IN PROGRESS	NAME OF SCHOOL	UNITS	GRADE	WHEN
Anatomy/Biology/Chemistry (Circle course taken)						
English 60C or						
English Placement Test (Eligibility for Engl 100C)						

I UNDERSTAND THAT IF ALL REQUIRED ADMISSION DOCUMENTS (FORMS, TRANSCRIPTS, TEST SCORES, ETC.) ARE NOT RECEIVED BY CYPRESS COLLEGE HEALTH SCIENCE COUNSELING OFFICE BY THE DEADLINE DATE I WILL NO LONGER BE CONSIDERED AS A CANDIDATE FOR THE PROGRAM. IT IS MY RESPONSIBILITY TO CHECK WITH HEALTH SCIENCE COUNSELING TO BE SURE ALL DOCUMENTS HAVE BEEN RECEIVED. I CERTIFY THAT ALL OF THE ABOVE IS TURE AND CORRECT. ANY FALSE STATEMENTS MAY RESULT IN TERMINATION OF APPLICATION.

Date of Application: _____ Signature of Applicant: _____