



Diagnostic Medical Sonography Program Application

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Thank you for your interest in Merced College's Diagnostic Medical Sonography Program.

Visit [How to Apply](#) on the Program homepage for more information, including deadlines.

Applicants selected via this application window are being selected for Fall 2026 enrollment.

Applicants may submit only one SONO Program application per year. Please make sure to review your application thoroughly. Accuracy is vital.

When you are ready, submit your program application. No changes will be permitted after you've clicked on the submit button and you will no longer have access to your application. Once the application window closes, you will no longer have access to your application regardless of whether or not it has been submitted.

Merced College faculty, counselors and staff are not responsible for the completeness of your application. You are solely responsible for following directions.

Upon submission of your application, you will see a notification pop-up thanking you for applying. Make sure you take a photo or screenshot of the notification message for your reference and personal records. You will be prompted to download the completed application. Save that for your personal records.

After the application window closes, then a committee reviews all the applications. The review process ensures that applications that move on to the lottery stage only if they were complete and accurate and meet the Program's standard admission requirements. Qualified applicants will be selected by lottery.

You will receive notification to the email addresses you provided on your application regarding your status, i.e., accepted, alternate, not accepted or disqualified. Notifications will be sent out by the end of June.

The Allied Health office (including professors) will not be able to answer questions regarding your application or status before this time. If you do not receive anything after this date, then you may contact the Allied Health office. Thank you for your understanding and patience.

Important Notice: Allied Health students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations. Merced College follows the requirements put in place by our clinical partners.

*

☐ I acknowledge that I have read the above information.

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Year you are applying for

2026

Merced College ID *

(i.e. 0001234)

Merced College Email *

Last Name *

First Name *

M.I.

Former

(?)

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Telephone # *

Personal Email *

(The one you check most often. Personal emails are considered yahoo, gmail, etc. and NOT associated with your job, Merced College, or another school).

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Did you complete an Associate of Science Professional degree in either Radiologic Technology, Registered Nursing, Nuclear Medicine, Respiratory Therapy or Paramedic Medicine. Only these programs are acceptable. You must be licensed at the time of application. *

☒ Yes☐ No

If yes, select the program you completed from the list below. *

If yes, you must upload a copy of your Current Professional License and copy of Transcripts *

(Unofficial from Merced College and/or official from all other colleges or universities)

Upload, or Drag into this Area to attach documents

Did you complete a Bachelor's Degree or Higher education? *

☒ Yes☐ No

If yes, you must upload a copy of your Official Transcripts *

Upload, or Drag into this Area to attach documents

If yes, what is your major in the highest degree completed? *

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All prerequisites must be completed and grades must be demonstrated on transcripts prior to applying. All prerequisites must be completed with a "C" or higher and grades demonstrated on transcripts prior to applying. Combined GPA on prerequisites must be a 2.35 or higher.

Have you completed the required prerequisites? *

- ☐ Yes
☐ No

Did you complete the prerequisite courses with a grade of "C" or higher? *

- ☐ Yes
☐ No

Transcripts

All applicants are required to upload transcript(s) with their application. Transcripts must include all work shown as completed on the application. An application that is not completely filled out and/or does not have all transcripts submitted by the application deadline will be considered incomplete.

Upload a copy of your unofficial transcript from Merced College. You can login to your [Merced College Self-Service](#) account to download a PDF of your unofficial transcript.

Upload a copy of your official transcript(s) from all other colleges/universities. We understand that once you open the copy, it becomes unofficial. This will be accepted for this application.

Upload Copy of Transcripts *

Upload, or Drag into this Area to attach documents

Prerequisite Courses and Course Equivalency Verification

Official transcript(s) from other colleges/universities must be sent directly to the Merced College Admissions & Records office by deadline posted on the [DMS website](#), no exception.

If your course(s) is/are NOT listed on the [Grid of Comparable Prerequisite Courses](#), you must make an appointment with an ALLIED HEALTH Counselor (call 209-381-6478 or email ecounselor@mccd.edu) to verify equivalency – use this form: [Equivalency Verification Form](#).

If you completed all prerequisite classes at Merced College or if your classes are listed on the Grid of Comparable Prerequisite Courses, you do not need to complete the Equivalency Verification Form, nor do you need a counselor's signature.

If any of your prerequisite courses are on a quarter system, please place a "Q" in the Semester/Year box. Example: Fall 2021 Q

.....Continued on next page

Information entered in the fields below must be accurate.

College/University	Course Name & Number	Semester/Year	Course Unit Value	Course Grade	Grade Point Value <small>Grade Point Values- A=4 Points, B= 3 Points, C=2 Points</small>	Grade Point
ALLH-67	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
BIOL-16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
BIOL-18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
ENGL-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00

C1000 or

ENGL-1A

or COMM-

C1000 or

COMM-1

Math-26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
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or

Math-25

or

Math-15

or STAT-

C1000 or

Math-10

PHYS-10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00
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or

RADT-13

Total Course Unit Value

0.00

Total Grade Point Value

0.00

Total Grade Points

0.00

Total GPA

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I have read all of the material contained on the Diagnostic Medical Sonography Program "How to Apply" website.

I understand it is my responsibility to meet program prerequisites, ensure equivalency, follow proper application procedures, provide transcripts, and stay informed of revisions regarding degree requirements, program requirements, and selection process.

I understand that there is no wait list. Qualified applicants will be selected by lottery.

I understand that if I submit an application that is incomplete, or does not meet program prerequisites/application requirements, I will be disqualified.

I understand that if I am selected by the program, failure to notify the Allied Health Office of my acceptance or declination in the allotted time given, constitutes grounds to assign my position to the next qualifying applicant.

I understand if I decline acceptance into the program I may apply at a later application cycle.

I understand if I am accepted or chosen as an alternate for the program, I may be required to take a sonographic aptitude test. Details about the test will be given at the mandatory orientation.

I understand that general education requirements for the Certificate of Completion are subject to change with the publication of each year's new Merced College school catalog.

I understand Merced College reserves the right to revise Program Prerequisites and/or Selection Procedures.

I understand that if I am dismissed from the program, I will not be eligible for re-admittance into the program.

Allied Health students must adhere to clearance requirements in order to be accepted into, and continue enrollment in, Allied Health Programs' clinical courses. Requirements include: background checks, drug screenings, vaccinations. Merced College follows the requirements put in place by our clinical partners.

Upon acceptance into the Diagnostic Medical Sonography Program, you must meet ALL CURRENT requirements.

I understand Diagnostic Medical Sonography students must complete all programmatically assigned clinical rotations; some include evening and/or weekend hours.

Limitations on Enrollment/Requirements: COVID -19 vaccine/booster, Tdap, MMR, HEP B, Varicella, Current Flu Vaccine, Negative TB Test or Negative Chest X-Ray, CPR Certification (American Heart Association - BLS), Physical, criminal background and drug screening clearances. Additional immunizations, drug screenings and background checks may be required throughout the program for clinical rotations. Merced College follows the requirements put in place by our clinical partners.

Further information will be provided at the MANDATORY orientation. Failure to attend the orientation or to provide required documentation by deadlines may cancel your conditional acceptance into the program.

☐ I acknowledge that I have read and agree to above statement.

Review

☐

I certify that all information provided in connection with this application is true, correct and complete. Providing false information or omitting required information is fraud and grounds for denial of enrollment or immediate expulsion from the Merced College Diagnostic Medical Sonography Program.

Signature

Sign

Date