

**Letter of Intent for Early Acceptance into the
University of Arkansas for Medical Sciences, College of Health Professions,
Division of Diagnostic Medical Sonography**

Name

Address

City, St, Zip

Phone

Email

Layla Q. Simmons, M.Ed, RDCS, RDMS
Program Director, Diagnostic Medical
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University of Arkansas for Medical Sciences
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Mark Wallenmeyer, MBA, CNMT, RT(N)
Dean, Health Professions
Northwest Arkansas Community College
One College Drive
Bentonville, AR 72712
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Dear Mrs. Simmons and Mr. Wallenmeyer,
I am writing to inform you of my intent to request early acceptance into the University of Arkansas for Medical Sciences, College of Health Professions, Diagnostic Medical Sonography program beginning fall 20____. I am a current student in good standing at Northwest Arkansas Community College, I have completed my Technical Certificate in Diagnostic Medical Sonography at NWACC and have maintained a cumulative and prerequisite GPA of 3.5 or higher.

I understand that I will need to complete the Technical Certificate in Diagnostic Medical Sonography in order to be admitted to the DMS program. Below are the remaining courses needed to complete my Technical Certificate and the semester in which these courses will be completed.

Ex: MATH 1203 College Algebra - Spring 2021
BIOL 2214 Anatomy and Physiology II - Summer 2021

I understand that this document is a non-binding agreement and does not guarantee acceptance into the MS program. I am aware I must complete all CHP application procedures by the advertised Diagnostic Medical Sonography early admittance deadline.

Respectfully,

Date:

Please sign this document by typing your full name in the box above.