

Medical Interpreter (30-538-1) *Petition Form*

I AM PETITIONING TO START: FALL SEMESTER 20 ____

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #	E-mail Address
Address		City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle "Yes" or "No" for each line. By circling "Yes" you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have achieved admission to MATC through the Admission Office and have an active program code for the Medical Interpreter program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	I have achieved a Cumulative GPA of 2.0 or greater.
4.	Yes	No	I have attached verification of successful oral English/Spanish and written Spanish assessment conducted by the program coordinator (attach verification form).
5.	Yes	No	I have submitted the following forms to the MATC Milwaukee campus Records Office, Room M240: (attach verification form). <ul style="list-style-type: none"> • Essential Functions Form • Health Certification Forms • Hepatitis Release Form
6.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form). <ul style="list-style-type: none"> • MATC CBC Cover Page • State BID (disclosure form) • MATC Release and Conditions Form <p><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></p>
7.	Yes	No	I have attached a copy of my MATC Program Plan accessed through INFONLINE (if applicable).
8.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan).

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

Signature

Date

Medical Interpreter (30-538-1) Petition Instruction Sheet

REQUIREMENTS

For eligibility to petition entry into the Medical Interpreter technical courses, the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Medical Interpreter program.
- Status of Good Academic Standing at time of petition. (See MATC Standards of Academic Success)
- Verification of receipt by the MATC Admissions Office of official transcripts and a reflection on the Program Plan of all transferred courses (A copy of your Program Plan must be attached to your petition). Program Plans may be accessed and printed from *INFONLINE*.
- Verification of successful completion of oral English/Spanish and written Spanish assessment conducted by the program coordinator. Note: Conditional courses must be completed prior to scheduling oral/written assessment. The assessment may be scheduled with the admission office by calling 414-297-7866.
- Verification of completion of the Essential Functions, Health Certification Form and Hepatitis Release Form. These forms must be uploaded to CertifiedBackground.com and obtain a verification stamp from the MATC Health Records Specialist in Room M240. (A copy must be attached to your petition).
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 and obtain verification. (Attach a copy of your verification form to your petition).
Please Note: Completing the CBC does not guarantee clinical placement.
- A minimum cumulative GPA of 2.0

PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the School of Health Sciences (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the School of Health Sciences is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

NOTIFICATION

- Students will be notified of their status via letter within forty-five (45) days of the close of the petition window.
- Accepted students will be required to attend **mandatory** program specific orientations for their respective programs.
- Accepted students that do not attend /complete the program orientation, do not register by the registration deadline or drop core technical courses will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

MATC reserves the right to hold all decisions final.

**SUMMARY OF MATERIALS
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification form indicating completion of the Essential Functions, Health Certification and Hepatitis Release Form
- Verification of the completion of the Criminal Background Check
- Verification of successful assessment of English/Spanish proficiency conducted by the instructor.

Criminal Background Check
Verification Form

Student Name _____ Student ID# _____

\$ _____ was received on _____, and the completed criminal background check forms were received by the Paralegal office on _____; thereby satisfying this requirement in the admission's process.

(the required fee amount)

Student Signature

Date

Print Student Name

Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

MATC Paralegal Staff Signature

Date

Health Records
Petition Verification Form

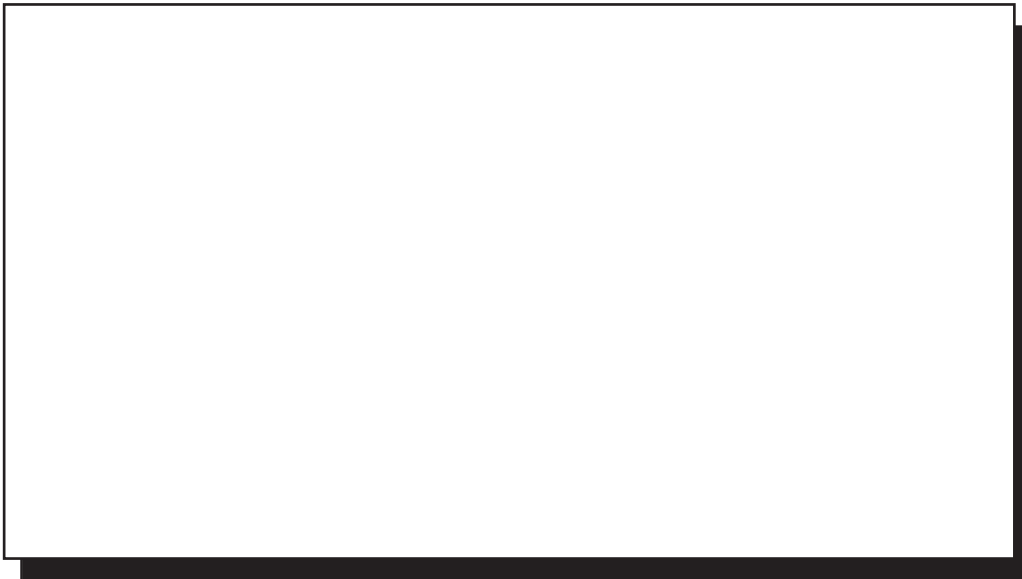
Student ID Number _____

Date _____

Print Student Name _____

Print Student Program _____

A signature below verifies that you have uploaded a complete set of health forms to CertifiedBackground.com. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.