

HEALTH SCIENCES PROGRAMS
RE-APPLICATION FORM
ISOTHERMAL COMMUNITY COLLEGE

NAME _____ STUDENT ID # _____

ADDRESS _____
Route, Street or P. O. Box City State Zip

TELEPHONE _____
Home Cell Work

Date for which you are applying: 2009

Program(s) for which you are applying: (*You may check more than one*)

- _____ADN- Day (Fall Semester--2009)
- _____ADN- Evening/Weekend-(Spring Semester—2009)
- _____ADN- Advanced Placement- Day (Spring Semester--2009)
(Must be LPN)
- _____ADN- Advanced Placement- Evening/Weekend
(Summer Session--2009) *(Must be LPN)*
- _____LPN- Day ONLY (Summer Session--2009)
- _____SURGICAL TECHNOLOGY Day ONLY (Fall Semester--2009)

I understand that:

1. Re-application does not guarantee admission into the program.
2. All general admission requirements must be completed (I can check with the Health Sciences Advisor to see if any requirements are pending).
3. A college **transcript of any new courses taken since the initial application** must be submitted.
4. Three **new references** must be submitted **if two years have elapsed**.
5. The designated testing (i.e. NET, PSB, Challenge Exam) must be re-taken.

Student Signature

Date

Advisor Signature

Date

RE-APPLICATION FORM MUST BE RECEIVED BY THE ADVISOR FOR A STUDENT TO BE CONSIDERED FOR THE APPROPRIATE DEADLINE