

401 Medical Park Drive · Concord, NC 28025 · 704-403-1556

Application for Readmission

The readmission application can be used by former students within one year of their withdrawal date from Cabarrus College. The application for readmission should be submitted to the Admissions Office along with two reference forms and the nonrefundable application fee. All of these documents should be emailed to **documents@cabarruscollege.edu**. Please refer to the current catalog regarding Readmission Policy. **Print in ink or type all information below**:

PERSONAL INFORMATION:			Social Security #:			
Name:						
(Least)	(Einst)	(NC 141-/	Maidan)			
(Last)	(First)	(Middle/	Maiden)	Email:		
Name you prefer to be called:				County of Reside	ence:	
Name used while enrolled here	e (if different	from above):				
Permanent Mailing Address: _						~
	(Numb	er and Street)	(City)	(State)	(Zip C	Code)
Are you a U.S. Citizen?	Yes	No (If no, you mus	st present a valid I	-551 card.)	Date of Birth:	
-			*	,		(Month/Day/Year)
Last date enrolled at Cabarrus	College of H	ealth Sciences:	Year		Semester	
Reason for leaving Cabarrus C	ollege of He	alth Sciences:				
When do you desire to enter so	chool?	Year		Semester		
For what courses, if any, do yo	ou wish to rec	eive credit?				

EDUCATION INFORMATION:

List all schools you are currently attending or have attended since you were enrolled at Cabarrus College of Health Sciences. You are responsible for contacting the Registrar at the schools you have listed to request official transcripts be sent to the Admissions Office directly.

Dates				Credential Earned (i.e.,	
From	То	Name of Institution	City/State/Zip	degree, diploma, certificate, # of credits)	

Are you eligible to return to the last college you attended?	T Yes	🗆 No
Have you ever been dismissed from any college or school? If yes, explain on a separate sheet and attach to this application.	TYes	D No

EMPLOYMENT INFORMATION:

List all current and previous employment with the most recent first.

Da	ates			Hours/Week
From	То	Employer/City and State	Job Title/Description	

PERSONAL ESSAY: (The essay can be completed below or submitted as an attachment.)

For Associate Degree and Diploma Applicants:

In 300 words or less please describe why you have chosen the health sciences as a career and how you will contribute to the profession.

For Baccalaureate Applicants:

In 300 words or less please describe your short and long term educational and career goals. How can this degree program help you achieve these goals?

APPLICANT'S CERTIFICATION STATEMENT: Read carefully.

I certify that all of my statements on this application are true and correct to the best of my knowledge and belief. I understand that falsification of information or omissions related to this application will be sufficient cause for denial of admission or dismissal from *Cabarrus College of Health Sciences*, should I be accepted for enrollment. I voluntarily give the College the right to investigate my past education, employment, social background, and other activities; agree to cooperate in such investigations; and release from all liability or responsibility all persons, companies, or institutions supplying such information. I understand that my enrollment is subject to findings of the health screening and information obtained through the sources I have furnished. And further, if accepted, I agree to conform to the rules and regulations of the College and its clinical agencies.

Date

Cabarrus College of Health Sciences promotes equal educational opportunities regardless of race, creed, color, religion, sex, age, sexual orientation, marital status, disability, and national origin, and does not knowingly practice discrimination in its recruiting, admissions, promotions, graduation and withdrawal policies or in any other activities affecting students.