

## Application for Admission

**Each section of this form must be completed to facilitate processing of your application. Please print or type clearly.**

**When do you plan to enter this College?** (Year/Semester) \_\_\_\_\_

Program of Interest - Only one program may be chosen. If you are interested in applying for more than one program, please contact the Admissions Office.

**Nursing Day Program** (starting Fall 2017)  Early Action deadline January 13, 2017 at 5pm  Regular Admission Deadline April 14, 2017 at 5pm

**Radiologic Technology** (starting Fall 2017)  Early Action deadline January 13, 2017 at 5pm  Regular Admission Deadline April 14, 2017 at 5pm

**Nursing Evening/Weekend Program** (starting May 2018) Applications will be accepted starting in September 2017

**Nuclear Medicine Technology** (starting Fall 2018) Applications will be accepted starting in September 2017

Last Name	First Name	Middle	Other names used (i.e. Maiden Name)
Address			
City		State	ZIP
County (i.e. Androscoggin, Cumberland, etc.)	Telephone (home) please check if cell <input type="checkbox"/>		Telephone (work) – optional
E-mail address <i>(If you do not have email address, please establish an account. Your email address will be used for all Admissions correspondence.)</i>			
Social Security Number		Date of Birth (Month/Day/Year)	
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	Yes	No	Gender	Female	Male	Other		Yes	No
US Citizen							Have you been convicted of a felony?		

**If you are under 18 years of age, please list legal guardian:**

Last Name	First Name	Phone (daytime)
Address		City
		State + ZIP

**How did you hear about MCHP?**

**Secondary Education**

List all high schools attended. Have an **official copy** of high school transcript(s) mailed directly to MCHP.

Dates Attended		Name of Institution/City/State	Diploma received
From (Date)	To (Date)		HS Diploma / GED (circle one)
			Graduation Date: _____

**Post-Secondary Education**

List all formal education beyond high school. Have an **official copy** of college transcript(s) mailed directly to MCHP. Course descriptions may be required if requesting transfer credit.

Dates Attended		Name of Institution/City/State	Credentials Earned/Credits
From (Date)	To (Date)		

Employment (list most recent employer first) Optional		
Employer and Address	Dates Employed	Position Held

List school clubs, sports, volunteer activities or civic activities in which you participate:

**Essay Question:** The essay should be 250-500 words. Essays will be reviewed for content and proper writing mechanics.

**Why have you chosen this profession? Include any experiences which have influenced your decision.**

A non-refundable \$50.00 application fee is required. Make check or money order payable to: Maine College of Health Professions (MCHP)

Please be sure to submit all application materials, including the application fee, by the required deadline. Late application materials will not be accepted. If submitting application materials by mail, please allow 3-5 business days for the documents to reach us.

An applicant must be able to perform the roles and tasks required by a student of this educational program.

By submitting this application I certify that the required essay is my own work and that all information in my application is factually true and honestly presented. I understand that, if I become a matriculated student, I will be required to submit health and immunization records and a background check will be conducted.

My signature below verifies that the information I have reported on this application is complete and factually correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_