



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. Please refer to the current catalog regarding Readmission Policy. **Print in ink or type all information below:**

PERSONAL INFORMATION:

Name: _____

(Last)

(First)

(Middle/Maiden)

Social Security #: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Business Phone: (____) _____

Email: _____

Name you prefer to be called: _____

County of Residence: _____

Name used while enrolled here (if different from above): _____

Permanent Mailing Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Are you a U.S. Citizen? ☐ Yes ☐ No (If no, you must present a valid I-551 card.)

Date of Birth: _____

(Month/Day/Year)

Last date enrolled at Cabarrus College of Health Sciences: Year _____

Semester _____

Reason for leaving Cabarrus College of Health Sciences: _____

When do you desire to enter school? Year _____ Semester _____

For what courses, if any, do you wish to receive 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		Name of Institution	City/State/Zip	Credential Earned (i.e., degree, diploma, certificate, # of credits)
From	To			

Are you eligible to return to the last college you attended?

☐ Yes

☐ No

Have you ever been dismissed from any college or school?

☐ Yes

☐ No

If yes, explain on a separate sheet and attach to this application.

EMPLOYMENT INFORMATION:

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

Dates		Employer/City and State	Job Title/Description	Hours/Week
From	To			

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

Signature of Applicant