



# ASSOCIATE DEGREE HUMAN SERVICES

## Health Science Program Application Packet Checklist

### ADMISSION INFORMATION: (Please print legibly.)

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_  
Preferred email address: \_\_\_\_\_

### NOTE: verify completion of the following before submitting the Admission Packet Checklist:

- Application to the college (completed online through CFNC for Nurse Aide Diploma D45970).
- Health Science Program Interest Form completed online indicating Human Services Technology.
- Official Transcripts: (List all schools attended. Attach additional pages if needed).

- High School/Equivalency Institution: \_\_\_\_\_
- College: \_\_\_\_\_  College: \_\_\_\_\_
- College: \_\_\_\_\_  College: \_\_\_\_\_

### ADMISSION REQUIREMENTS: (Please check one box for English)

#### Academic Readiness in English:

- ENGLISH Equivalents (Check the most current option):
  - Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with ENG-111 placement. Date taken: \_\_\_\_\_
  - Completed ENG 011 or ENG 002 with grade of P, or equivalent
  - Placement Waiver per high school GPA > 2.8, SAT, or ACT within 10 years of starting semester.
  - Completed ENG-111 or equivalent. Equivalent Course: \_\_\_\_\_ College: \_\_\_\_\_

#### Other Requirements:

- I understand that some clinical sites require a criminal background check, which may include fingerprinting. Some clinical sites may also require drug screening, proof of immunizations, or TB Test.

**I certify that the information provided by me on this form is true and accurate to the best of my knowledge and that I understand that I have read and understand the Admission's Requirements packet.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date