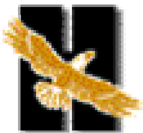

COLEMAN COLLEGE OF HEALTH SCIENCE
APPLICATION FOR ADMISSION

(Please Print)

1.) LAST NAME:	**FIRST NAME:**		**M.I.**
2.) STREET **APT.#**	**CITY**	**STATE**	**ZIP**
3.) SOCIAL SECURITY NO.	**TELEPHONE (DAY)**	**(EVENING)**	
	EMAIL ADDRESS:		
IN CASE OF AN EMERGENCY NOTIFY:	**ADDRESS:**	**TELEPHONE:**	

Please check Program for which application is being submitted

[ ] Associate Degree Nursing
[ ] Cardiovascular Technology
[ ] Clinical Laboratory Technician
[ ] Dental Assisting
[ ] Diagnostic Medical Sonography
[ ] Emergency Medical Services
[ ] Health Information Technology
[ ] Histologic Technician
[ ] Human Service Technology
[ ] Medical Assistant
[ ] Nuclear Medicine Technology
[ ] Occupational Therapy Assistant
[ ] Pharmacy Technician
[ ] Physical Therapist Assistant
[ ] Radiography
[ ] Respiratory Therapist
[ ] Sign Language/ Interpreter
[ ] Surgical Technology
[ ] Vocational Nursing

Associate Degree Nursing Applicants ONLY:

[ ] Day Classes
(Spring & Fall Entry ONLY)
[ ] Evening Classes
(Fall Entry ONLY)
[ ] Summer Semester
(LVN to ADN Transition ONLY)

Application is for entry the following semester:

[ ] Fall Semester Year ________
[ ] Spring Semester Year________
[ ] Summer Semester Year _______

4.) PROFESSIONAL LICENSE OR CERTIFICATE PRESENTLY HELD (Health Science Related Only)
TYPE:
STATE:
NUMBER:
EXPIRATION DATE:

5.) EMPLOYMENT HISTORY: (List beginning with the most recent)

EMPLOYER NAME AND CITY	DATE EMPLOYED	POSITION DESCRIPTION	REASON FOR LEAVING

The information I have provided is complete and correct to the best of my knowledge.

____ ___________________________
Applicant Signature Date

NOTICE:
Applicants who have been convicted of a felony are responsible for contacting the appropriate agency to determine the qualifications for becoming certified and/or licensed following the completion of a Health Science program. Background checks and drug screening are performed on all accepted students

Houston Community College System seeks to provide equal educational opportunities without regard to race, color, religion, national origin, sex, age, or disability.

tzr 04/20/05