



**ARRESTS, CHARGES, AND CONVICTIONS:**

Have you ever been arrested, charged with or convicted of a criminal offense other than a minor traffic violation?  Yes  No

If yes, are such criminal charges pending against you at this time? Please attach an explanation describing the circumstances and current status of such arrests, charges or convictions. Certain misdemeanors and/or felonies may make a graduate ineligible for professional certification/licensure.

**CURRENT AND FUTURE ENROLLMENT:**

I am not currently enrolled in high school or college nor do I plan to enroll at another school before the term for which I am applying to Cabarrus College of Health Sciences.

I am currently enrolled in:  high school  college My last term there will be: \_\_\_\_\_

List below courses in which you are now enrolled or expect to complete before entering Cabarrus College of Health Sciences. Attach additional paper if necessary.

Name of Institution	Course Title	Course Number	Date Course Will End	Credits/Hours

**TEST INFORMATION:** Required for all Associate Degree and Diploma applicants (ASSET scores can be used for all programs with the exception of Nursing and Pre-Nursing).

You must submit official test scores for one of the following: SAT I, ACT or ASSET. (If you would like to take the ACT or ASSET at Cabarrus College contact the Admissions Office) If you have taken the SAT, ACT or ASSET indicate below.

SAT I		ACT		ASSET	
Date(s) Taken	Date(s) To Be Taken	Date(s) Taken	Date(s) To Be Taken	Date(s) Taken	Date(s) To Be Taken

**EMPLOYMENT HISTORY:**

List all work experience, both full and part-time, **beginning with the most recent** (use additional paper if necessary).

Dates		Employer/City/State	Job Title/Description	Hours per Week
From Mo/Yr	To Mo/Yr			

**EXTRA CURRICULAR ACTIVITIES:**

Please provide detailed information regarding school and community activities. Please include the following information in your description: dates when you participated, number of hours per week devoted to activity, any leadership positions held, awards received, etc. (use additional paper if necessary).

Activity	Description

**SPECIAL RECOGNITIONS:**

Please list any special recognitions you have received and any honors/awards you have earned. You do not have to duplicate information you have already included in the extra curricular activities section. **DO NOT** send original document(s), essay(s), award certificate(s), etc. We cannot be responsible for the safe return of these items.

**PERSONAL ESSAY: (The essay can be completed on the last page of the application 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?

**DEMOGRAPHIC INFORMATION: This is requested by the U. S. Department of Education and is used for statistical purposes only.**

Sex:     Male             Female

Ethnic Group/Race:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or more races                         |
| <input type="checkbox"/> Hispanic of any race             | <input type="checkbox"/> Other, please specify                     |

I learned about this school from:

- |   |  |
|---|--|
| <input type="checkbox"/> Alumnus            | <input type="checkbox"/> Relative/Friend       |
| <input type="checkbox"/> College/Career Day | <input type="checkbox"/> Other: Please specify |
| <input type="checkbox"/> Advertisement      | _____  |

**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

\_\_\_\_\_ Applicant's Signature

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.

**PERSONAL ESSAY:**