LEWIS CLARK STATE COLLEGE
NURSING & HEALTH SCIENCES

Application Fee ($35)
Pay at the Cashier's Office
Account 11-01-187602-41003
Receipt # _____
Date _____ Cashier's Initials _____

PROGRAM RE-ENTRY APPLICATION

Previously admitted students who have left the program must follow the Re-Entry Policy.
See your academic advisor and the NHS Student Handbook for assistance.

_____ Basic Track _____ LPN to BSN Track _____Radiography

Applying for:
See NHS website for application window dates.
Fall Semester Admission _____ (Year) **Spring Semester Admission _____ (Year)**

Incomplete applications will NOT be processed

PERSONAL INFORMATION

Last Name	**First** Name	**Middle** Name	**Prior** Name
Permanent Address (Street, Apt #)		City, State, Zip	
Local Mailing Address (if different from above)		City, State, Zip	
Primary Phone	Secondary Phone	**LCSC Student I.D. Number**	Alternate E-mail
LCMail E-mail Address		Current Certificate or License (circle one that applies) and attach a copy. CNA LPN EMT Paramedic RN Provide license # _____ or certificate.	
Person to contact in case of emergency	Telephone	Relationship	

What program were you in previously?_____

What was the last semester you were enrolled in classes for that program?_____

Have you applied for re-entry in the past?_____

Submit application with other materials as a packet; requirements detailed in the NHS Student Handbook on the Student Resources page on the NHS Division website www.lcsc.edu/nursing.