

**Application  
deadline dates:**

- RN - Jan. 15
- LPN - June 1
- Articulation/LPN - Oct. 1
- Articulation/HCP - Oct. 1
- Radiologic Technology - Feb. 15
- Health Information Technology -  
May 30 for fall start  
Nov. 30 for winter start



FOR OFFICE USE ONLY

S. No.

Date received

St. Clair County Community College

# Allied Health Program Application

## SECTION I

**Name** \_\_\_\_\_  
LAST FIRST NICKNAME MIDDLE MAIDEN/FORMER (if applicable)

**Address** \_\_\_\_\_  
NUMBER STREET APT. CITY STATE ZIP

**Phone number**  
 Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell/alternate ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Social Security Number** (last 4 digits) \_\_\_\_\_ **Birth date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**High school** \_\_\_\_\_ **Graduating year** \_\_\_\_\_

## SECTION II

### Please indicate the allied health program for which you plan to apply

(You may select **one** program only per application; only one nursing program may be applied to each year.  
 You must complete a new application each year.)

INTENDED SEMESTER  
 READY FOR  
 ALLIED HEALTH PROGRAM

- RN - Associate Degree** (begins fall semester - August) Fall 20\_\_\_\_\_
- LPN - Practical Nursing Certificate** (please check one below): Fall 20\_\_\_\_\_
- One-year program (begins winter semester - January) Winter 20\_\_\_\_\_
- Two-year, part-time program (begins fall semester - August)
- Transition/LPN to RN - Associate Degree Nursing** (begins in winter - January) Winter 20\_\_\_\_\_  
 Note: You must be a Licensed Practical Nurse to be eligible for this program.
- Transition/Health Care Provider to RN - Associate Degree Nursing** (begins in winter - January) Winter 20\_\_\_\_\_
- Health Information Technology - Associate Degree** Fall 20\_\_\_\_\_  
 (Two groups start per year; fall semester – August, winter semester – January) Winter 20\_\_\_\_\_
- Radiologic Technology - Associate Degree** (begins summer session - June) Summer 20\_\_\_\_\_

## SECTION III

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

You also must submit a general application for admission to SC4 to be considered for an allied health program.

**Please return application to:**  
 St. Clair County Community College  
 Enrollment Services  
 Room 123, Acheson Technology Center  
 323 Erie St., P.O. Box 5015  
 Port Huron, MI 48061-5015

- I have an application on file
- I will contact Enrollment Services to apply
- Have you ever applied to any SC4 allied health program in the past? Yes, year \_\_\_\_\_ No \_\_\_\_\_  
 Program \_\_\_\_\_
- Are all official transcripts at SC4? Yes \_\_\_\_\_ No \_\_\_\_\_