



Dear Prospective Student:

Welcome to Carolinas College of Health Sciences. We appreciate your confidence in us to help you obtain your educational goals. This admission packet is for applicants who wish to register for general education courses only. We also offer a variety of health care and continuing education programs and courses. If you are interested in any of these please visit the application page of our website to download your program of choice.

We understand you are currently undecided in your choice of a program at this time or you are simply seeking to take courses towards some future goal. We encourage you to attend one of our information sessions where we discuss the application process, program requirements and an overview of each program we offer so you can get a better idea of what might interest you. We also discuss possible career interests at the information sessions. Our information sessions are held every second and fourth Tuesday at 4pm. If you are interested in attending an information session, please visit our website at [www.CarolinanCollege.edu/prospectivestudents](http://www.CarolinanCollege.edu/prospectivestudents) or contact us at 704-355-5043 for specific dates. Spaces are limited so reserve your space now.

Complete applications for general education courses do not have a deadline and are accepted on a rolling basis. Your application packet must be complete in order to be enrolled in general education courses. Please see the application process to ensure you have completed all required items.

The faculty and staff are excited about your interest in our college and our programs. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admissions staff listed below.

Regards,

*Rhoda Rillorta*

Rhoda Rillorta  
Admissions Coordinator  
704-355-3243

*Nicki Sabourin*

Nicki Sabourin  
Admissions Representative  
704-355-5583

*Diana Bell*

Diana Bell  
Admissions Assistant  
704-355-8383

## Carolinas College of Health Sciences

### Admission Process

*NOTE: Financial aid is not available for students enrolled in general education classes only and tuition payment will be expected at the time of enrollment.*

#### Step 1

Applications are accepted through the first week of classes. Please complete this admission application and return to:

**Carolinas College of Health Sciences  
Attn: Admissions  
1200 Blythe Blvd  
Charlotte, NC 28203**

#### Step 2

Once your application is processed, you will receive a confirmation form verifying your acceptance to the College. This confirmation form will need to be returned along with a \$100 tuition deposit to secure your space.

#### Step 3

You will receive information via e-mail regarding advising, registration, and online access. This will take approximately one week from the date we receive your confirmation form and tuition deposit.

#### Step 4

Once you have been provided with online access and have met with an advisor (this can be done electronically or in-person), you can register for courses online. Remember, if you are registering for a course that has a pre-requisite, we will require an official transcript verifying completion of this requirement. Be sure to print a copy of your schedule as a receipt of your registration.

#### Step 5

Once you have registered for classes, you will need to pay your tuition and fees. Your invoice can be found online and payment can be made by contacting the business office at 704-355-5579. Financial aid is not available for students enrolled in general education classes only.

**For registration occurring during the two weeks prior to the start of a term,** applicants to General Education classes at Carolinas College will use this checklist as a guide for enrollment however much of this process will be expedited and will take place on campus. It is anticipated that completion of all five steps in this process will take approximately one hour. This estimated time may be longer depending on the number of applicants.

### **International Students**

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applicants with foreign transcripts are required to present an evaluation of all courses attempted, credit, and grades earned. The college recommends the following sources for international transcript evaluation.

#### Contact Information:

International Education Evaluations, Inc.  
7900 Matthews-Mint Hill Road  
Suite 300  
Charlotte, NC 28227  
704-772-0109

World Education Services, Inc.  
PO Box 745 Old Chelsea Station  
New York, NY 10013-0745  
212-966-6311

If you attended high school or college outside of the United States, a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based) is required. Contact Information: TOEFL – [www.toefl.org](http://www.toefl.org) (school code 5130).



**Academic Information**

Please list your **graduating high school** and **all colleges and universities** where you have attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed (if you are taking more than 12 semester credit hours or required to show proof of a pre-requisite). Attach an additional page if necessary

College	City/State or Country	Dates of Attendance	Currently attending (please circle)	Did you/will you Graduate?	Degree (i.e.) AA, BS, MA
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
<b>High School Information</b>			Yes	Yes	
			No	No	

Have you applied to or attended CCHS previously?  No

Yes \_\_\_\_\_ and/or \_\_\_\_\_

Program Year application submitted

**Demographic/ Background Data:** *Disclosure of this information is voluntary and used for data reporting only*

**Ethnicity:**

- American Indian/Alaskan Native
- Native Hawaiian or other Pacific Islander
- Black or African American
- White
- Asian
- Hispanic
- Two or more races
- Unknown

**Date of Birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Gender:**  M  F

## Community Standards

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A “yes” answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

1.  **Yes**  **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?
2.  **Yes**  **No** Applicants are required to submit a criminal background release form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been accused or convicted of a crime other than a routine traffic violation?  
*You must notify admissions of any criminal charge or conviction that occurs at any time after you submit this application.*
3.  **Yes**  **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?
4.  **Yes**  **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

### Read, Sign and Date the following statement

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information. *We cannot accept your application without your signature.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

***Application fee is waived for applicants applying to take -general education courses.***