



Dear Prospective Student,

Welcome to Carolinas College of Health Sciences. We appreciate your interest in our General Education courses. We also offer a variety of health care and continuing education programs and courses. This admission packet is for applicants who wish to register for general education courses only. If you are interested in a specific program above, please visit the application page of this website or request an application packet for that program.

We understand you are undecided in a program at this time. We encourage you to attend one of our information sessions. In our Information Session we discuss the application process, program requirements and an overview of each program we offer. We also discuss possible career interests after completing the program. Our information sessions are held every other Tuesday at 4pm. If you are interested in attending an information session, please log-on to our website at www.CarolinanCollege.edu or contact us at 704-355-5051 for specific dates. Spaces are limited so reserve your space.

Admission to all of our programs is competitive. Qualified applicants are ranked according to academic history and admissions test scores. Meeting the minimum requirements does not guarantee an applicant a place in our program; it places an applicant in the selection process. Applicants with the highest academic standards are offered a space.

Please complete the admission application packet and return to:

Carolinan College of Health Sciences
Attn: Admissions
1200 Blythe Blvd
Charlotte NC 28203

Complete applications must be postmarked by the deadline for each specific program (listed in this packet). Your application packet must be complete in order to be considered. Please see the application checklist to insure you have completed all items by the deadline in which you are requesting admission.

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 admission advisors listed below.

Regards,

Rhoda Rillorta

Rhoda Rillorta
Admissions Officer
704-355-3243

Carolinas College of Health Sciences

Admission Requirements

Minimum admission requirements for the enrolling in General Education courses must be submitted prior to the end of the drop/add period of the semester applying to start. If the application packet is incomplete by this date, the student will not be able to enroll in classes:

1. Complete the attached application (no application fee is required)
2. Submit official high school transcript (students may take up to 12 semester credit hours without submitting a high school transcript)
3. Submit official college transcripts showing completion of any required pre-requisite courses.
4. Submit a registration form (this can be found on the website in the Current Students > Forms section)

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. Applications 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 (school code 5130)

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

Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> White | <input type="checkbox"/> Unknown |

Date of Birth: _____/_____/_____

Were you referred by a CCHS alumnus? Yes* No

***Application fee waived if referred** _____
Name of Alumnus

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.

- 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?
- 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.
- 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?
- Yes** **No** Applicants who have been deemed “ineligible for rehire” by Carolinas HealthCare System may not be accepted to a health care program. Is there any reason why you would not be eligible for rehire by Carolinas HealthCare System?

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 _____

Student Name: _____

Cardholder Name (if different): _____

Type of Card (circle one): Discover Visa MasterCard American Express

Card Number: _____ - _____ - _____ - _____

Expiration date: _____ **Transaction Amount:** _____

Transaction Type: *Application Fee