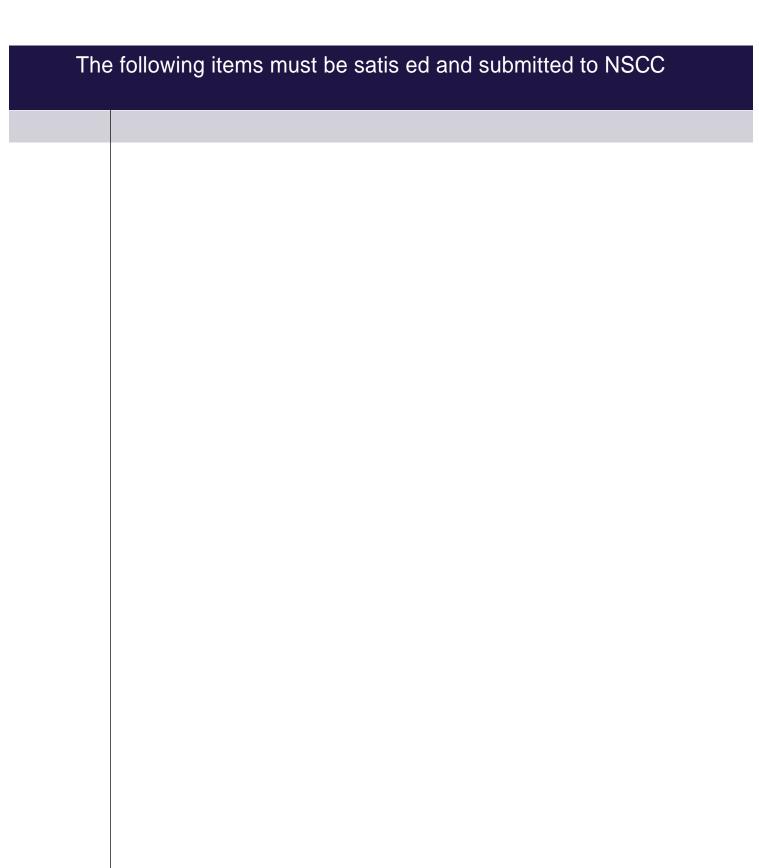


## NORTH SHORE PHYSICAL THERAPY ASSISTANT APPLICATION REQUIREMENTS

	The Application Process Checklist	
Initial wher complete	Required Documentation	
	Mandatory Inf ormation Session Attendance     Applicants must attend a Mandatory Information Session during the academic year prior to admission (after August, 2024).	
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		1



Priority Application Deadline: February 14, 2025

Application inquiries may be direct to: SelectiveAdmissions@northshore.edu

### **Evaluation Information**

- Admissions decisions are based on careful evaluation of all admission requirements detailed in the checklist.
- All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, english, behavioral sciences, health courses, and math).
- Essay evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (accuracy, thoroughness, and relevance to the question asked).
- The application and admission process abides by the college's policy of non-discrimination on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, and national origin.

### Con rmation Statement

Each requirement with a checkbox is required to be passed in with your application:

- Application form
- TEAS scores (if taken at NSCC)
- Essay

When you have each of these documents, sign the confirmation statement and submit all documents in person to the Enrollment Center in Danvers or Lynn, or, mail to:

NSCC Admissions O ce 1 Ferncroft Road Danvers, MA 01923

Please be aware that your application will not be entered until it is complete. This includes receipt of all transcripts, proficiencies, courses, and TEAS scores (if required and taken elsewhere).

I acknowledge that I have read all of the information in this admission application packet in its entirety and that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate college personnel. Furthermore, I agree to comply with all college policies including but not limited to program policies should I be granted admission to this program.

SIGNATURE	 DATE

# NORTH SHORE | APPLICATION FOR ADMISSION

10/24

Please select a term: OF OW /S	s O		Y :	
PLEASE PRINT CLEARLY				
Contact Information				
LEGAL LAST NAME/SURNAME	LEGAL FIRST NAME		MIDDLE NAME	
PREFERRED NAME	ALL PREVIOUS LAST NAME	ES .		
ADDRESS	1			
CITY	STATE	ZIP	COUNTRY	
SOCIAL SECURITY #:  Optional, but required if seeking nancial aid or tax credit.	DATE OF BIRTH	MM / DD / YY	YY	
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Emergency Contact				
NAME	RELATIONSHIP		PHONE #	
PLEASE CHECK APPLICABLE BOXES				
Citizenship				
U.S. CITIZEN PERMANENT RESIDENT CARD (GREEN CAR	D) f yes, enter Permanent Green Card n	umber. If no, enter typ	e of Visa. # of Visa type	
WILL YOU REQUIRE AN F1 STUDENT VISA TO ATTEND NSCC?	YES NO			
Ethnicity				
Choose one: HISPANIC/LATINX NON HISPAN	NIC/LATINX			
Race				
Please select one or more AMERICAN II ALASKAN NA		/E HAWAIIAN/ FIC ISLANDER	ASIAN	
☐ WHITE	САРЕ	VERDEAN	BLACK/ AFRICAN AMERICAN	
Military				
ARE YOU PRESENT OR FORMER MILITARY PERSONNEL? YES	B NO BRANCH			
BY SUBMITTING THIS APPLICATION, I AGREE TO RECEIVE PHONE CALLS THEIR PRODUCTS AND SERVICES, AT THE PHONE NUMBER(S) PROVIDE MAY BE GENERATED USING AN AUTOMATED TECHNOLOGY. PLEASE NO	ED ON THIS FORM, INCLUDING	MY WIRELESS NUMBER	R. I UNDERSTAND THAT THESE CALL	
TEXT MESSAGE OPT IN: YES NO	AUTOMATED CALL C	PT IN: YES	NO	
X				
Signature of Applicant			Date	

# MASSACHUSETTS COMMUNITY COLLEGES IN-STATE TUITION ELIGIBILITY FORM International students studying under F1 Visa are NOT eligible for in-state

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For o cial use. Do not write in this box.  I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:
IS eligible for the in-state tuition rate IS NOT eligible for the in-state tuition rate I am unable to make a determination at this time. The following additional information has been requested from the applicant:

### NORTH SH COMMUNITY C

## ----UBJECTIVES

Acade	emic Informa	ation
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