

1 Ferncroft Road  
P.O. Box 3340  
Danvers, Massachusetts 01923-0840

**Danvers Campus** | 978-762-4000  
**Lynn Campus** | 781-593-6722  
**CentroHub** | northshore.edu/centro-hub  
Corporate Training Solutions | 978-236-1200

[northshore.edu](http://northshore.edu)



# NORTHSHORE COMMUNITY COLLEGE NURSING APPLICATION PACKET

**STEP 1: READ THE INFORMATION BELOW AND THROUGHOUT THE APPLICATION**

**STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS (page 2)**

# The Application Process Checklist

Initial when complete

Required Documentation

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**The following items must be satisfied and submitted to NSCC**

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Checklist Item	Required Documentation

# Practical Nursing Transfer Students Requirements ONLY

Initial when  
complete

Required Documentation

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## Evaluation Information



LAST NAME/SURNAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
			COUNTRY
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Are you a U.S. Citizen?  Yes  No

if , a f g.  
ARE YOU A PERMANENT RESIDENT?  YES  NO IF YES, LIST ALIEN REGISTRATION NUMBER: \_\_\_\_\_

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL: \_\_\_\_\_

**Please check the in-state or reduced tuition eligibility category that applies to you:**

\_\_\_\_ I have been a Massachusetts resident for six continuous months and intend to remain here.

As a Massachusetts resident, you must have lived in Massachusetts for at least six months before the start of the academic year. You must also have a valid driver's license, car registration, voter registration, or utility bills. If you are a student, you must also have a valid Massachusetts driver's license or voter registration. If you are a dependent, you must also have a valid Massachusetts driver's license or voter registration. If you are a member of the armed forces, you must also have a valid Massachusetts driver's license or voter registration.

- VALID DRIVER'S LICENSE
- UTILITY BILLS\*
- EMPLOYMENT PAY STUB\*
- VALID CAR REGISTRATION
- VOTER REGISTRATION\*
- STATE/FEDERAL TAX RETURNS\*
- MASS. HIGH SCHOOL DIPLOMA
- SIGNED LEASE OR RENT RECEIPT\*
- MILITARY HOME OF RECORD\*
- RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON\*
- OTHER \_\_\_\_\_

\_\_\_\_ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

\_\_\_\_ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

**Certification of Information**

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
i f a a a b f a .

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
i f a a d 18 a f a g .

**For official use. Do not write in this box.**

\_\_\_\_ IS  YES  NO  UNDETERMINED  
\_\_\_\_ IS NOT  YES  NO  UNDETERMINED  
\_\_\_\_ If the above information is not true, please provide a written explanation of the discrepancy: \_\_\_\_\_

Authorized College Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

## Academic Information

I AM:  A FIRST-TIME STUDENT  
 A TRANSFER STUDENT

## Choose A or B:

A.  I INTEND TO PURSUE A DEGREE  
at SCCD  
FIRST CHOICE: \_\_\_\_\_  
SECOND CHOICE: \_\_\_\_\_

B.  I PREFER UNSPECIFIED STATUS  
OF STUDY AT THIS TIME.

## Educational Background

### 1) HIGH SCHOOL EDUCATION

NAME OF HIGH SCHOOL OR GED TEST CENTER

YES  NO DID A PARENT  
TEACH YOU?  
 YES  NO DID YOU  
TAKE A PARENT TEACHER  
COURSE?  
 YES  NO WILL YOU  
TAKE A PARENT TEACHER  
COURSE?  
 YES  NO IS ENGLISH  
YOUR FIRST LANGUAGE?

NAME OF COLLEGE

GRADUATION DATE/DEGREE RECEIVED

NAME OF COLLEGE

GRADUATION DATE/DEGREE RECEIVED

## Signature Required

Signature of Applicant

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_