



## The Application Process Checklist

| Item | Description |
|------|-------------|
|      |             |
|      |             |
|      |             |

**The following items must be satisfied and submitted to NSCC**  
in order for the application to be complete and considered for admission.

1. <sup>m</sup>

2. <sup>m</sup>

## Respiratory Care Transfer Students Requirements ONLY

Transfer students from another Respiratory Care accredited program must also provide:

1. Minimum of 1 year of experience in a respiratory care setting

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*Please Note: Application Deadline: Applications will be accepted on a first-come, first-served basis. Applications will be accepted until the program is full. Application inquiries may be directed to: [Select@Admissions@northshore.edu](mailto:Select@Admissions@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.

### Confirmation 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 Office**  
**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.



|   |  |                              |     |
|---|--|------------------------------|-----|
| 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"/> <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 proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents\* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-o those documents you possess as proof of your intent to remain in Massachusetts.

- |  |                               |                            |
|--|-------------------------------|----------------------------|
| 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 certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

\_\_\_\_\_  
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.

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:

\_\_\_\_\_  
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 or  
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

YES  NO DID YOU

YES  NO WILL YOU

YES  NO IS ENGLISH

NAME OF COLLEGE

GRADUATION DATE/DEGREE RECEIVED

NAME OF COLLEGE

GRADUATION DATE/DEGREE RECEIVED

## Signature Required

Signature of Applicant

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_