LAKE MICHIGAN COLLEGE

Health Science Candidacy List Application

Program Entry 2014-15 Academic Year

Application Deadline – May 7, 2014

DIRECTIONS:

- Submit this application when you are certain that you have completed, are currently completing, or made arrangements to complete all of the requirements by the application deadline for your chosen Health Science program.
- If this application shows that you have met all of the requirements, you will be notified of candidacy list placement via your **LMC WaveLink email address**.
- If you have not completed all of the requirements at the time of application, your application will be held for a final review until after the application deadline of May 7.
- A Health Science program FAQ will help you determine your readiness to submit this application.
- Applications received or requirements met after the deadline will not be considered for this year's Health Science Candidacy List. All requirements (transcripts, placement tests, proficiency tests, grades, etc.) must be on record at LMC by the application deadline.
- **The application deadline is strictly enforced.**
- If you do not qualify for a Health Science program based upon this year's application, you must re-apply next year to be reconsidered.
- Placement on the Candidacy List does not guarantee admission to a program.
- **Are you already an LPN? Do not complete this application. Contact the Program Director for Advanced Placement.**

Questions about this application? Call the Records Office at (269)927-8107.
Questions about a Health Science program? Call Advising at (269)927-6162.

2014 Health Science Candidacy List Application

Deadline May 7, 2014

Submit this form to: Records Office ● 2755 E. Napier Avenue ● Benton Harbor MI 49022 ***or*** *FAX: (269) 927-6874*

_____ _____ _____ _____
First Name Middle Name Last Name LMC ID#

Mailing Address: _____

_____

LMC WaveLink Email Address: _____@ email.lakemichigancollege.edu
***Your application results will be sent to this email address.**

(_____) _____-_____ _____ (_____) _____-_____ _____ (_____) _____-_____
Daytime Telephone Number Ext. Evening Telephone Number Ext. Cell Phone Number

Signature: _____ **Date**: _____

Program: *(you may choose up to 2 programs)*

- Nursing
- Radiological Technology

1st Choice: _____

2nd Choice: _____

Check one:

☐ **YES**, I have completed a Pre-Health Science Candidacy Audit last fall for my chosen program(s).

☐ **NO**, I did not request a Pre-Health Science Candidacy Audit last fall for my chosen program(s).

Check one:

☐ Audit immediately

☐ Hold for the LMC Spring 2014 grades or an official transcript from another institution

Check if you have:

☐ Re-taken a required course to improve the grade (list all courses) _____ _____

☐ Transfer credits *(List all colleges)* _____

☐ Received Amnesty of Semester from LMC

☐ Received Course Substitutions, Prior Experiential Learning, AP credits, etc (list courses at the bottom).

☐ Recently taken proficiency tests: Test Name: _____ Date taken: _____

Test Name: _____ Date taken: _____

Comments that may help us with your application: