



COMMUNITY COLLEGE  
OF RHODE ISLAND

## 2012 PERFORMANCE-BASED HEALTH SCIENCE APPLICATION PROCESS

### October Open Application Period

There are special admission policies for Health Science programs. The performance-based Health Science application process is a competitive process that recognizes academic achievement. In addition to completing pre-admission requirements, applicants will be accepted based on performance based criteria. Please refer to the following Web site for more information:

<http://www.ccri.edu/dean-hrs/>.

1. An Application for Enrollment at CCRI, including the \$20 application fee, must be submitted prior to completing the performance-based Health Science Application. *Note: If you have an admission application on file, an additional application is not necessary.*
2. All admission requirements for the program of choice must be completed before a performance-based Health Science Application may be submitted.
3. The performance-based Health Science Application must be submitted (during normal business hours) to the Office of Enrollment Services for **all** Health Science programs. Please refer to the 2012-2013 Performance-Based Health Application Planner.
4. A copy of your pre-admission degree evaluation must be attached to the performance-based Health Science Application. Please refer to the following Web site for more information: <http://www.ccri.edu/OES/admissions>.
5. Students who are not Rhode Island residents will be assessed out-of-state tuition when admitted to the Dental Hygiene program. Please see the following Web sites for additional program information about tuition rates. [http://www.ccri.edu/bursar/tuition\\_fees.shtml](http://www.ccri.edu/bursar/tuition_fees.shtml) and [http://www.ccri.edu/OES/admissions/admn\\_info.shtml](http://www.ccri.edu/OES/admissions/admn_info.shtml).
6. Meeting minimum admission requirements **does not guarantee acceptance into health science programs**.
7. Please refer to the following Web site for current admission guideline sheets that outline the details regarding all Health Science programs: <http://www.ccri.edu/dean-hrs/admiss-docs.shtml>.
8. All required immunizations for Health Science programs must be completed before the first day of class. *Note: Immunization requirements take a minimum of seven months to complete.* Please see the following Web site for more information: <http://www.ccri.edu/dean-hrs/print.shtml>.
9. If not admitted to the program of choice, students will be informed via My CCRI e-mail and must reapply during the next open application period. **A waiting list will not be maintained.** Please refer to the following Web sites for more information: <http://www.ccri.edu/OES/admissions> and <http://www.ccri.edu/dean-hrs/>.

**I have read the preceding admission policy and I understand that there are minimum eligibility requirements that must be met and that completion of this application does not guarantee admission into health science programs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 2012 CCRI Performance-Based Health Science Application

## October Open Application Period

**Please check one program of choice. Only one nursing application may be submitted.  
A separate application must be completed for each program and a degree evaluation must be attached.**

### **Associate Degree Programs**

\_\_\_\_\_ Nursing Day (Lincoln)-Spring 2013\*  
\_\_\_\_\_ Nursing Day (Newport)-Spring 2013\*

### **Certificate Programs**

\_\_\_\_\_ Phlebotomy Day (Providence)-Spring 2013\*

**\*Application periods with an asterisk will only be offered if programs still have available seats for the upcoming semester.**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Maiden name \_\_\_\_\_ Middle initial \_\_\_\_\_

CCRI student ID number \_\_\_\_\_ Telephone number \_\_\_\_\_

Street address \_\_\_\_\_

City, State, ZIP code \_\_\_\_\_

MyCCRI e-mail address: \_\_\_\_\_@my.ccri.edu

*Your MyCCRI e-mail address will be the official means of all future communication.*

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_\_

If applicable, please list colleges/universities you have attended:

\_\_\_\_\_ Dates attended \_\_\_\_\_

\_\_\_\_\_ Dates attended \_\_\_\_\_

\_\_\_\_\_ Dates attended \_\_\_\_\_

Have official transcripts been sent to the Office of Enrollment Services? \_\_\_\_\_

Are you presently enrolled at CCRI? \_\_\_\_\_

***Submitting this application does not constitute admission to a program.***

I affirm that all information on this application is true. I also understand it is fraudulent to misrepresent any information on this form.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

International students are not accepted into Health Science programs due to the nature of the Health Science admissions process. International students may apply to the Nursing Program. For more information, contact the CCRI Office of Enrollment Services.

For Office Use Only  
Initial \_\_\_\_\_