

West Virginia Northern Community College
Fall 2017 Health Science Application
Make a copy of this application for your records and return this part of the application only.

FOR OFFICE USE	
Date Received _____	_____
Receipt # _____	_____

Name _____
Last
First
Middle Initial
(Former Name)

WVNCC Student ID # _____

Mailing Address _____

City, State, and Zip Code _____ County _____

Home Phone _____ Cell Phone _____

Northern E-Mail _____@mail.wvncc.edu **NOTE: Missing requirements will be communicated to applicants through WVNCC email ONLY. Be sure to check this account regularly.**

INSTRUCTIONS:

- 1. Select the program and campus where you wish to begin your program courses.**

Program	FALL 2017
Health Information Technology	<input type="checkbox"/> Wheeling Only
Clinical Medical Assistant	<input type="checkbox"/> Wheeling Only
Radiography	<input type="checkbox"/> Wheeling Only
Surgical Technology	<input type="checkbox"/> Wheeling <input type="checkbox"/> Weirton

- 2. Submit a resume:** Please attach your resume with the names, email addresses, and phone numbers of three personal references.
- 3. Read and sign the two statements below.**

I have read and understand the information provided in this application and verify that all information provided is true, correct and complete. I realize that any false or misleading information on this application will be grounds for denial of admission or dismissal from the program.

 Signature of Applicant

 Date

West Virginia Northern Community College seeks to ensure the privacy of all student records. In order to efficiently and accurately maintain these records, it may be necessary to disclose personal identifiable information. Applicants are asked to voluntarily sign this acknowledgement and consent.

I hereby authorize West Virginia Northern Community College to release personal identifiable information pertaining to me that is contained in the educational records maintained by the college and clinical sites at the time of this application and thereafter for purpose of my application for admission, assessment, registration for courses, and other appropriate purposes.

 Signature of Applicant

 Date

A NON-REFUNDABLE Application Fee of \$25.00 must accompany this application.

Incomplete applications cannot be processed. Separate applications and fees must be submitted for EACH desired Health Science program. Applications received after the deadline may be considered at the discretion of the Program Director. Submit the application, fee, and all required documents to: West Virginia Northern Community College, c/o Service Center, 1704 Market Street, Wheeling, WV 26003
Make checks payable to West Virginia Northern Community College.