

**We do not send confirmation e-mails on reapplications.** For confirmation of receipt, you may either hand deliver or send certified mail, return receipt requested.

**BUTTE COLLEGE APPLICATION FOR REGISTERED NURSING  
ASSOCIATE DEGREE NURSING PROGRAM**

**REAPPLICATION**

Deadline: February 28, 2012

FOR OFFICE USE ONLY:  
APPLICATION # \_\_\_\_\_

**This reapplication form is ONLY for applicants entered into the October 2011 lottery who were not selected for the program. It must be received in the Health Occupations Office before 5:00 p.m. on February 28, 2012 in order to be processed. Postmarks and physical locations other than the Health Occupations Office will not constitute valid submission.**

It is the responsibility of the applicant to complete the application and provide all required documentation to the Nursing Department by the application deadline.

NAME \_\_\_\_\_ BUTTE ID# \_\_\_\_\_  
(Last) (First) (Middle or "none")

MAILING ADDRESS \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip)

PREFERRED PHONE #. \_\_\_\_\_ (Home/ Work/Cell) ALT. PHONE #. \_\_\_\_\_ (Home/Work/Cell)  
(Circle one) (Circle one)

E-MAIL ADDRESS \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**ACADEMIC DEGREE(S) COMPLETED SINCE LAST APPLICATION** (if awarded elsewhere than Butte College, attach official transcript):

DEGREE & MAJOR

DATE

COLLEGE

\_\_\_\_\_  
\_\_\_\_\_

**The following information is required for reporting to the Program's governing agencies:**

**Gender:** Male  Female  **Age:** \_\_\_\_\_ **Language Spoken at Home:** \_\_\_\_\_

<b>Ethnicity</b> (circle one)	African American	American Indian	Asian-Pacific: Filipino	Asian Pacific: Non-Filipino	Caucasian	Hispanic	Other
----------------------------------	------------------	-----------------	----------------------------	--------------------------------	-----------	----------	-------

**STUDENT STATEMENT:** I certify that the information on this application is true and complete. I understand that any misrepresentation or omission of data may result in denial of enrollment or dismissal from the program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_

**RETURN COMPLETED APPLICATION TO:**

Butte College Nursing Department-AHPS 215  
3536 Butte Campus Drive, Oroville, CA 95965