

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 or through FedEx or UPS with tracking.

**BUTTE COLLEGE
LICENSED VOCATIONAL NURSING PROGRAM
REAPPLICATION
Spring 2027 Program**

FOR OFFICE USE ONLY:
APPLICATION # _____

This reapplication form is ONLY for qualified applicants who applied, but were not selected, for the Spring 2027 program. It must be received in the LVN Office before 5:00 p.m. on August 31, 2026 in order to be processed or by email to LVN@butte.edu Postmarks and physical locations other than the Health Occupations Office will not constitute valid submission.

NAME _____ BUTTE ID# _____
(Last) (First) (Middle)

MAILING ADDRESS _____ SOC SEC NO. _____
(Street) (Apt. #)

(City) (State) (Zip) DATE OF BIRTH _____

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

E-MAIL ADDRESS (required) _____

PERMANENT ADDRESS OR ADDRESS WHERE YOU CAN BE REACHED FOR NEXT TWO-YEAR PERIOD.

(Street) (Apt. #)

(City) (State) (Zip)

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):

<u>DEGREE & MAJOR</u>	<u>DATE</u>	<u>COLLEGE</u>
_____	_____	_____
_____	_____	_____

STUDENT STATEMENT: I certify that the statements I have made on this application are true and complete. I understand that any misrepresentation or omission of data may result in denial of enrollment and/or dismissal from the program.

SIGNATURE: _____ DATE: ___ / ___ / ___

RETURN COMPLETED APPLICATION TO:
Butte College Nursing Department-AHPS 215
3536 Butte Campus Drive, Oroville, California 95965