

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

**BUTTE COLLEGE APPLICATION FOR LVN TO RN  
 ASSOCIATE DEGREE NURSING PROGRAM  
 REAPPLICATION**  
 Deadline: August 31, 2026

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

**This reapplication form is ONLY for applicants entered into the March 2026 lottery who were not selected for the program. It must be received in the Health Occupations Office before 5:00 p.m. on August 31st in order to be processed. Postmarks and physical locations other than the Health Occupations Office will not constitute valid submission. Please save this document after completion and email as an attachment to [simmonsmi@butte.edu](mailto:simmonsmi@butte.edu) confirmation of receipt email will be sent to you within one business week. If you do not receive confirmation of receipt email within one week, please contact the Health Occupations Office at 530-893-7533.**

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):

<u>DEGREE &amp; MAJOR</u>	<u>DATE</u>	<u>COLLEGE</u>

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

Sex: Male  Female  Unknown  Age: \_\_\_\_\_ Primary language spoken in home: \_\_\_\_\_

<b>Ethnicity</b> (circle one)	African American	American Indian	Asian	South Asian	Filipino	Pacific Islander	Caucasian	Hispanic	Mixed	Other	Unknown
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**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 251  
 3536 Butte Campus Drive, Oroville, CA 95965