

BUTTE COLLEGE APPLICATION FOR REGISTERED NURSING
ASSOCIATE DEGREE NURSING PROGRAM

FOR OFFICE USE ONLY:
APPLICATION # _____

REAPPLICATION

Deadline: August 31, 2026

This reapplication form is ONLY for applicants entered into the March 2026 lottery who were not selected for the program. It must be received by email before 5:00 p.m. on August 31st in order to be processed. Please save this document after completion and email as an attachment to 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.

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 #. _____ ALT. PHONE #. _____

E-MAIL ADDRESS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: _____ PHONE # _____