



2400 West Bradley Ave., Champaign IL 61821-1899
www.parkland.edu • 217/351-2200

I request admission to:

- Fall Semester 20____
 Spring Semester 20____

Name _____
Last

First Middle Initial

Previous last name

Social Security Number _____

Phone Number _____

Address _____
Street

City

State Zip Code

Email Address _____

Request for Health Career Program

Application to the following health career programs requires a \$20 nonrefundable processing fee (good for five years).

I request consideration for (check one):

- Dental Hygiene
 Dietetic Technician
 Massage Therapy
 Nursing (RN)
 Nursing (LPN–RN bridge)
 Nursing (LPN)
 Occupational Therapy Assistant
 Radiologic Technology
 Respiratory Care
 Surgical Technology
 Veterinary Technology
- Please score me based on the Selective Admissions Health Professions Program GPA (PGPA) rule.**

For details on this rule, please consult a counselor or academic advisor.

The following programs do not require this form or a processing fee:

- EMS-Basic
- EMS-Paramedic
- Medical Assistant
- Nursing Assistant

Signature _____ Date _____

Credentials will not be evaluated until the processing fee is paid for these programs.

FEE INFORMATION:

- \$20 check/money order made payable to Parkland College.
- Identify check/money order as “Health Career Admission Processing Fee.”
- Include your social security number/student ID number on the check.

SUBMIT:

Return this form with processing fee to Parkland College Office of Admissions and Records.

White copy — Admissions Office Yellow copy — Student