

INTENT TO BE INCLUDED IN SELECTION POOL  
FOR ASSOCIATE DEGREE NURSING PROGRAM

This form is accepted only during application cycles. It is the applicant's responsibility to be aware of application cycles. It is the applicant's responsibility to include anything that has changed or is new that you would like the committee to review as part of your application for the current application cycle.

I previously submitted my application and supporting documentation to the Health Technologies Office and was not selected for admittance to the nursing program.

I would like to have my application reactivated for inclusion during the current application cycle.

If applicable: I have met additional criterion/criteria and have included supporting documentation per the application criteria for your review.

List the Criteria (student fills in):

Points (department fills in):

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Please note that it is the applicant's responsibility to list **any new information** that was not included the last time you applied.

\_\_\_\_\_  
Print Name

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Student ID Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date