



## LETTER OF INTENT APPLICATION

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT PROGRAM OF STUDY: \_\_\_\_\_ SEMESTER OF ANTICIPATED ENTRY: \_\_\_\_\_

### PROGRAM INTENT

PLEASE INDICATE YOUR PROGRAM AND OPTION CHOICES:

DEGREES

CERTIFICATES

OPTION

- ACCOUNTING [A.A.S.]
- EARLY CHILDHOOD EDUCATION [A.A.S.]
- EDUCATION TRANSFER PROGRAM [A.A.]
- LIBERAL ARTS [A.A.]
- LIBERAL ARTS – ENGLISH [A.A.]
- LIBERAL ARTS – PSYCHOLOGY [A.A.]
- LIBERAL ARTS – PHIL/RES [A.A.]
- MANAGEMENT [A.A.S.]
- NURSING [A.A.S.]
- OCCUPATIONAL THERAPY ASSISTANT [A.A.S.]
- PARALEGAL [A.A.S.]

- PARALEGAL
- PRACTICAL NURSE
- TEACHING ASSISTANT

- FULL-TIME
- PART-TIME
- DAY
- EVENING
- WEEKEND

LIST REASONS WHY THE COMMITTEE ON ADMISSIONS SHOULD CONSIDER ACCEPTING YOU INTO YOUR PROGRAM OF INTENT. PLEASE INCLUDE FACTORS YOU DEEM IMPORTANT, SUCH AS ACADEMIC PROGRESS, CAREER AND EDUCATIONAL GOALS, ETC.

---



---



---



---



---



---



---

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_