



**MIDLAND COLLEGE  
HEALTH SCIENCES DIVISION  
APPLICATION FOR ADMISSION**



- |  |   |
|--|---|
| <input type="checkbox"/> Associate Degree Nursing                        | <input type="checkbox"/> Diagnostic Medical |
| <input type="checkbox"/> Associate Degree Nursing<br>(Transition Option) | <input type="checkbox"/> Sonography         |
| <input type="checkbox"/> Cosmetology                                     | <input type="checkbox"/> EMT                |
| <input type="radio"/> Operator   | <input type="checkbox"/> Paramedic          |
| <input type="radio"/> Manicurist   | <input type="checkbox"/> Radiography        |
|  | <input type="checkbox"/> Respiratory Care   |
|  | <input type="checkbox"/> Vocational Nursing |

**Return to:**  
Midland College  
ATTN: Health Sciences Division  
3600 North Garfield  
Midland, Texas 79705

<b>Questions?</b> <b>(432) 685-4600</b> <a href="http://www.midland.edu">www.midland.edu</a>
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**Application for Admission Beginning:** \_\_\_\_\_

**Applicant Information** [www.midland.edu](http://www.midland.edu)

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_  
Last

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number (Day): \_\_\_\_\_ Telephone Number (Night): \_\_\_\_\_

Email address: \_\_\_\_\_ In Case of Emergency Notify: \_\_\_\_\_  
Name Telephone # (with Area Code)

<b>Educational Background</b> <i>(High School/GED)</i>			
Name of School	Location	Dates of Attendance	Date Conferred

<b>College/University/Professional School</b> <i>(List most recent first; list all attended)</i>					
Name of School	Location	Major/Course of Study	Dates of Attendance	Degree/Certificate/Diploma Conferred	Date Conferred

- NOTICE:**
- 1) Health Sciences programs that include direct patient care require a complete Hepatitis B immunization series.
  - 2) Completion of a Health Sciences program does not guarantee eligibility to take a certification/registry/licensure examination. You are hereby notified that the eligibility of each person is determined on an individual basis by the regulatory body of each of the Health Sciences disciplines. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol, or a previous denial of licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. See the specific Health Sciences program director if you need assistance. All programs are subject to criminal background check.
  - 3) You may apply to as many Health Sciences programs as you wish. A separate application is required for each program.
  - 4) When accepting students into a Health Sciences program, Midland College considers many factors including but not limited to the applicant's previous admissions, dismissals, failures, participation and past history.

**Equal Opportunity Statement:** No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under, any program or activity sponsored or conducted by Midland College, on any basis prohibited by applicable law, including but not limited to race, color, age, marital status, national origin, religion, gender, disability, or status as a qualified disabled veteran or veteran of the Vietnam era.

*I certify that all of the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for rejection or dismissal.*

Date \_\_\_\_\_ Signature \_\_\_\_\_