

III. HIGH SCHOOL EDUCATION

To the best of my knowledge, I have graduated from a high school or high school equivalent program (e.g. home school) that was approved by a governing or state authority: Yes No

Name of School: _____ City, State of School: _____

Graduation Month and Year: _____

IV. ADDITIONAL QUESTIONS

Are you a Sentara Employee? Yes No

How did you first learn of Sentara College of Health Sciences? _____

Have you previously attended or applied to Sentara College of Health Sciences or Sentara School of Health Professions? Yes No

If yes, which program or course? _____ Years Attended _____ or Year Applied _____

V. COMPUTER SKILLS

Yes I certify I have basic computer skills, including the ability to send/receive emails, use a browser to navigate and search the web, the ability to download and upload documents, and use a word processing program.

VI. FINAL REVIEW

Yes By submitting my application I certify that I have read and understand all admission requirements of the program or course for which I am applying, and understand that if I do not meet the requirements for admission my application may be withdrawn with no refund of the \$85 application processing fee.

Yes I also understand that submitting my application does not guarantee admission into any Sentara College of Health Sciences program and there are additional admission requirements that must be completed before an admission decision can be rendered. I understand it is my responsibility to ensure the College receives all required documentation and to follow the admission requirements to be reviewed for full admission into my chosen program. All applicants will be notified of their admission decision via email. Furthermore, applicants selected for admission will be required to pay an non-refundable processing fee and complete additional admission requirements prior to enrollment at the College.

VII. READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status, or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school, or the equivalent (as attested above), and completed, in good standing, additional coursework as listed on this application and attachments.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history and National Sex Offender Registry through Castle Branch, Inc. The College also reserves the right to charge an additional fee if a more extensive background check is required. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have any concerns about your criminal history, please contact Enrollment Services before submitting your application.

Sentara College of Health Sciences does not discriminate against employees, students, or applicants on the basis of race, color, gender, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in accordance with the requirements of Title VI of the Civil Rights Act, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and all other applicable rules and regulations. Any questions concerning any of these regulations should be directed to the HR Manager at 757-827-2303.

Yes I understand that my \$85 application processing fee is non-refundable.

Yes I also understand that if my application is incomplete, I will have 45 days or until the application deadline, whichever comes first, to provide the College with the outstanding paperwork to complete my application or my application will be withdrawn with no refund.

Applicant's Signature

Date



S E N T A R A[®]

College of Health Sciences

Applicant Demographic Survey

Directions: Please fill out the below information. All fields are required. The College uses the information for statistical reporting purposes only. Your information will remain confidential and does not influence any admission decision.

Name under which you applied: _____

Last 4 of SSN: _____

DOB: _____

Gender ID: Male Female

Marital Status: Single Married Divorced Widowed

What is the highest level of education you have completed? (Mark only one)

- High School Diploma or GED
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree

Race:

- American Indian/Alaskan Native
- Asian
- Black/Non-Hispanic
- Hispanic/Latino
- Pacific Islander/Hawaiian
- White
- Two or more
- Other