

**Austin Community College
Associate Degree Nursing Program**

RE-APPLICATION FORM

Please check one:

Traditional

Mobility

___ I wish to re-apply to the Associate Degree Nursing Program and have my file reviewed for admission. **I understand I am responsible for informing the Health Sciences Admission Office of any changes to my file including: additional course work, change of address, or name, etc.**

___ I am no longer interested in the Associate Degree Nursing Program.

This form must be received by the Health Sciences Information and Admissions Office no later than 5pm, on the deadline date. Please see our website for current deadlines: <http://www.austincc.edu/health/rnsg/deadlines.php>

If you do not re-apply to the program, your previous application BECOMES INACTIVE AND WILL BE DISCARDED AFTER ONE YEAR.

REMEMBER it is YOUR responsibility to:

- Keep your file current
- Check the web site at: www.austincc.edu/health/rnsg frequently for any updates and announcements.

Please fill in the following information with your current demographic data:

Name: _____

SSN or ACC ID: _____

Address: _____

City/State/Zip: _____

Home phone: _____

Message/Work phone: _____

ACC Email Address: _____

*(ACCmail will be the only email communications sent to and from students as required by ACC the college)

Please return form to:

Health Sciences Information and Admissions Office
Associate Degree Nursing Program
Building 8000, Room 8356
Austin Community College
3401 Webberville Road
Austin, TX 78702

**Or Fax:
Or Email:**

512-223-5901
adnappl@austincc.edu

Signature: _____ Date: _____

Office Staff: _____ Date Received: _____