



HEALTH AND HUMAN SCIENCES APPLICATION

Please, answer **ALL** questions and ensure all aspects of the application are completed.

SELECT THE PROGRAM(S) FOR WHICH YOU ARE APPLYING:

- ☐ -Associate Degree Nursing ☐ -Fall Class ☐ -Spring Class - Weatherford Campus (Traditional)
- ☐ -Associate Degree Nursing ☐ -Fall Class - Wise County Campus Bridgeport (Fast Track)
- ☐ -Associate Degree Nursing Evening/Weekend Program ☐ -Fall Class - Weatherford Campus (Fast Track)
- ☐ -Associate Degree Nursing Evening/Weekend Program ☐ -Fall Class - Wise County Campus Bridgeport (Fast Track)
- ☐ -Diagnostic Medical Sonography- A.A.S. (Abdomen, OB/GYN, Vascular) – Weatherford Campus
- ☐ -Cardiovascular Sonography- A.A.S. (Adult Echocardiography, Vascular) – Weatherford Campus
 - ☐ -Echocardiography Certificate – Weatherford Campus
- ☐ -Pediatric Cardiovascular Sonography – Weatherford Campus
- ☐ -Human Service Provider - A.A.S. – Weatherford Campus
- ☐ -LVN-RN Transition – Summer Class – Weatherford Campus
- ☐ -LVN-RN Transition Evening/Weekend – Spring Class – Weatherford Campus
- ☐ -LVN-RN Transition – Spring Class - Wise County Campus Bridgeport
- ☐ -Medical and Health Services Management – Weatherford Campus
- ☐ -Occupational Therapy Assistant – Weatherford Campus
- ☐ -Ophthalmic Technician – Weatherford Campus ☐ - A.A.S ☐ - Certificate
- ☐ -Phlebotomy Technology ☐ -Fall Class ☐ -Spring Class ☐ -Summer Class – Weatherford Campus
- ☐ -Physical Therapist Assistant – Weatherford Campus
- ☐ -RN to BSN – ☐ -Fall Class ☐ -Spring Class ☐ -Summer Class – Weatherford Campus
- ☐ -Radiology Technology – Weatherford Campus
 - ☐ -CT Certificate – Weatherford Campus
 - ☐ -Mammography Certificate – Weatherford Campus
- ☐ -Respiratory Care – Weatherford Campus
- ☐ -Substance Abuse Counseling ☐ Certificate – Weatherford Campus
- ☐ -Vocational Nursing ☐ -Fall Day Weatherford Campus ☐ -Fall Evening Weatherford Campus

NAME

First _____ Middle _____ Last _____ Maiden Name _____

MAILING ADDRESS

Number & Street _____ City _____ State _____ Zip _____

Permanent Address (if different from above) _____

Texas County of Residence _____ Country of Citizenship _____

Last Four Digits of Your Social Security #: _____ Country of Birth _____

Home Phone: _____ Cell Phone: _____

Weatherford College Student ID#: _____ Weatherford College Student Email: _____

Your Personal Email Address: _____

In case of emergency notify:

Name _____ Relationship _____ Phone _____

Address:

Number & Street _____ City _____ State _____ Zip _____

Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor? **YES** **NO**

Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”

If you answered “yes” to the above question, you must report charges and disposition to certification or licensure agency in order to determine eligibility for taking certification or licensure examination.

PROFESSIONAL LICENSES OR CERTIFICATION

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION – List ALL Colleges and Universities Attended

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL OR OTHER				

**** TRANSCRIPTS MUST BE SENT TO TWO OFFICES:**

- 1. Student Services (Admissions):** If you have attended any college other than Weatherford College, you must send official transcripts from each one to Student Services. Questions? Email admissions@wc.edu.
- 2. Health & Human Sciences Division:** You must also include a copy of every college transcript with this application, including any Weatherford College transcripts. Courses will count toward your application only if a transcript shows they were completed.

WORK EXPERIENCE

List current or most recent job:

Name of Company _____

Complete Address _____ Telephone No. _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ to _____ Nature of Job Duties _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

Signature of Applicant

Date

“Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.”

Please review the application instructions for the program you are interested in before submitting your application and required documents. Application submission methods may vary by program; for example, some programs accept applications by email, while others require documents to be mailed or be placed in a designated drop box. Detailed instructions and submission requirements can be found on the program’s website.

Weatherford College
Health & Human Sciences
Division 225 College Park Drive
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