

**Brockton Campus**One Massasoit Boulevard
Brockton, MA 02302**Canton Campus**900 Randolph Street
Canton, MA 02021**Middleborough Center**49 Union Street
Middleborough, MA 02346**www.massasoit.edu**admooffice@massasoit.mass.edu
(508)588-9100 x1411

Application for Selective Admissions Program

Please use this form if you are currently enrolled at Massasoit in a degree program or certificate program and are applying to:
Dental Assistant, Medical Assistant, Nurse Education, Paramedic, Radiologic Tech, Respiratory Care, or Veterinary Technology.

All other requests for program changes should be completed on a Program Modification form.

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Student ID: _____ Current Phone: (____) _____ - _____ Home Cell

Email Address: _____

Present Program of Study: _____ Desired New Program of Study: _____

**Associate Degree Programs
Brockton Campus-Fall**Nurse Education - Full Time
(Deadline to apply - February 1)Nurse Education-Part-Time
(Deadline to apply - February 1)LPN to RN - Full-Time/Day
(Deadline to apply - April 1)LPN to RN - Part-Time/Eve
(Deadline to apply - April 1)Radiologic Technology
(Deadline to apply - February 1)Respiratory Care
(Priority deadline to apply -
May 15; Final Deadline July 15)**Associate Degree Programs
Canton Campus-Fall**Veterinary Technology
(Deadline to apply - July 5)**One-Year Certificate Program
Canton Campus-Fall**Dental Assistant
(Priority Deadline to apply - April 30)Medical Assistant
(Priority Deadline to apply - April 30)**18 Month Certificate Program
Middleboro-Fall and Spring**Paramedic - Fall Cohort
(Priority deadline to apply
- Aug. 1; Final Deadline Sept 1)

Signature of Student

Date

Action:	Program	D/E	Semester	Year	Date	Counselor
A _____	DAY/EVE	FL	SP	_____	_____	_____
WL _____	DAY/EVE	FL	SP	_____	_____	_____
REG _____	DAY/EVE	FL	SP	_____	_____	_____