



Empty rectangular box for stamp or signature.

**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**  
admoffice@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, Radiologic Technology, 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)

LPN to RN - Full-Time/Day  
(Deadline to apply - April 1)

LPN to RN - Part-Time/Eve\* (Spring 2026)  
(Deadline to apply - June 1)

Radiologic Technology  
(Deadline to apply - February 1)

Respiratory Care  
(Priority Deadline to apply - May 15)

### Associate Degree Programs Canton Campus-Fall

Veterinary Technology  
(Deadline to apply - July 8)

### One-Year Certificate Program Canton Campus-Fall

Dental Assistant  
(Priority Deadline to apply-April 30)

Medical Assistant  
(Priority Deadline to apply-April 30)

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	_____	_____	_____