



Health Career Session Participation Form

This form is not an application to a health career program

This participation form must be completed, signed, and returned to admissions@qcc.mass.edu upon finishing today's Health Career Session. *Your participation fulfills one of the program admissions requirements necessary to qualify for the health career program which you applied to.*

Please Select One: New Student Applied Student Current Student Guest

Please Print Clearly (Required):

First Name: _____ Last Name: _____

Date of Birth: _____ QCC Student ID: _____

Telephone #: _____ QCC Email: _____

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

What happens next?

- If you are a new student and have **submitted all of your required documents**, your application will be reviewed and evaluated based on the program admissions requirements for your specific program.
- If you are a current student (accepted and attending QCC in a different program) go to Academic Advising to complete a **Major Change form** to initiate an evaluation of your admissions program requirements to qualify.
- If you have met the program admissions requirements, **the Admissions Office will provide you with a written letter confirming the term and academic year you will begin your professional and clinical courses (Fall, Spring or Summer).**
- If you do not meet the program admissions requirements yet, you can still start college by applying to the Healthcare Associate Degree program or another appropriate program option. **Please speak to an Admissions Counselor or see an Academic Advisor for healthcare career program options.**
- If you are qualified and put on a **waitlist**, we recommend that you start taking the general education courses that are part of your degree choice. **Speak to an academic advisor from the Advising Center (508-854-4308 or email: advising@qcc.mass.edu) for further program guidance.**

Initial Each Box (Required):

- By signing this form, I acknowledge that I have read and understand the entire Health Careers Session information. By so doing, I understand that I have met the "Attend Health Career Session" program admissions requirement.**
- I agree that I am responsible for all information within. Specifically, I understand that some programs may have additional admissions requirements and/or have a waitlist.**
- It is my responsibility to meet all of the program admissions requirements for the health career of my choice. I understand the program requirements and the process are subject to change.**

After finishing your Health Career Presentation, please return this form by email.

Email form to: admissions@qcc.mass.edu

Signature (Required)

_____/_____/_____
Date (Required)