

NAME* _____

ADDRESS _____

CITY _____ \$%&'' _____ +/! _____

STUDENT ID NUMBER _____ %"€"! | ž Ž " _____

*It is the responsibility of the student to provide Berkshire Community College with any changes to contact information.

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Submit official transcripts of any previous college a their seat in the program.

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Any prior criminal offense could hinder placement in clinical agencies. See "CORI" and "SORI" requirements in current College catalog for details: berkshirecc.smartcatalogiq.com/en/2019-2020/catalog/policies/admissions/special-requirements/criminal-and-sex-offender-record-information-checks-cori-sori/

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Heat imeline for Health Records

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Fall Start	August 1
Spring Start	December 1

Submit