



BAY STATE COLLEGE

Addendum to Application for Health Studies

By signing this waiver, I understand that should I be accepted into the Health Studies program at Bay State College, there is no guarantee that I will be accepted into any other program, most notably one that has different acceptance criteria, such as the Physical Therapist Assistant or Nursing program. Should I desire acceptance into any other program that has different acceptance criteria, I acknowledge that I will need to re-apply to Bay State College.

I also understand that should I re-apply at any time, Bay State College will not grant my application preference when considering my potential acceptance for another program.

Applicant Information

Name: _____

Address: _____

Date of Birth: _____

Cell Phone Number: _____

Home Phone Number: _____

Email: _____

Applicant's Signature: _____ Date: _____

Parent's or Guardian's Signature (if applicant is under 18) _____