

Please keep information on page 1. Please return form on page 2.

This document is used to apply for re-admission to the Random Selection. It is intended to be used by those people who were previously invited to participate in a Random Selection, but did not participate in the last one held.

The form on page 2 should be mailed in by the application deadline for the application period of the quarter of interest:

- * April 15 for Fall Quarter
- * September 15 for Winter Quarter
- * January 15 for Spring Quarter

This document should be downloaded and printed by the applicant. In the event that an applicant is unable to print the document from the web page, a copy may be downloaded and printed at the Science Resource Center, located in the Science Center Pavilion (room SC3101, 408-864-8921 or <http://www.deanza.edu/bhes/src.html>) or at the Allied Health and Nursing Resource Center, located in S-82 (408-864-8687). Please call ahead for current hours of operation.

Instructions (please read carefully):

1. Fill out the form.
2. Include a self-addressed stamped envelope (SASE) if you wish to be notified when your reactivation form is received by the Nursing Department.
3. Mail your form and SASE to:

De Anza College
Registered Nursing Program
Attn: Screening and Selection Coordinator
21250 Stevens Creek Blvd
Cupertino, CA 95014

Under NO circumstances will Reactivation Forms be accepted other than by mail.

We strongly recommend you mail your completed application via certified mail, return receipt requested. Keep the USPS form that you received from the Post Office. This will give you proof that you mailed the application on or before the deadline, and the return receipt will tell you if the De Anza College Mailroom received the application.

- * *For students applying for a September 15 deadline, keep in mind the Nursing Department is closed all summer. You will not receive your SASE confirmation back until early September. If this makes you feel uncomfortable, don't send in your application until the last week before the deadline.*

First Name (PRINT)

Last Name,

Random Selection Reactivation Form

For Nursing Department Use Only	
Envelope included	_____
Status	_____

<- Please print your name on the side
Please Print Clearly:

Into: _____
 QUARTER *YEAR*

Social Security/Student ID#: _____

Name: _____
 Last *First* *Middle*

Address: _____
 Street Number/Name *City* *State* *Zip*

Contact Info:
Home: _____ Cell/Other: _____
Work: _____ E-Mail: _____

Disability Statement:

It is your responsibility to notify the De Anza College Disabled Students Services Office at 408/ 864-8753 with verified documentation from a health or learning specialist in order to receive reasonable accommodations.

Background Check:

I understand that a criminal background check and drug testing may be required prior to admittance into the RN Program. If a criminal history is found, I understand that it may prevent me from obtaining a California RN license and/or employment.

I certify under the penalty of perjury that the statements in this application are true to the best of my knowledge and ability. I understand that if I have failed to include all required documentation or have improperly completed the application, that it will not be processed. I understand that any false information provided will permanently disqualify me from applying to the De Anza College Registered Nursing Program.

I agree to abide by the rules and procedures of admission used by the De Anza College Registered Nursing Program.

Signature of Applicant

Date

Please send by certified mail/return receipt or courier service to:
De Anza College
Registered Nursing Department, Attn: Screening and Selection Coordinator
21250 Stevens Creek Blvd., Cupertino, Ca 95014