



Request for Application Review

Please submit the completed form via email to: Susan_Jarvis@bshsi.org

Name _____ (At the time of application)

Previously Applied: August / January _____ (Please circle one)

Program Applied: Radiation Sciences Nursing Sonography (Please circle one)

I would like to have my application reviewed for the August / January _____ semester.
(Please circle one)

Please identify any items that you are adding to your application.

By signing below I understand that I am responsible for updating transcripts, name changes, phone number, email address, etc.

Signature _____

Date _____

Email Address _____

If your information has changed, please complete the following section(s) that apply?

First Name _____

Middle Name _____

Last Name _____

Address _____

Phone Number _____

Email Address _____

Director of Student Services _____
(Signature)

Date: _____

*Your request will be reviewed by the Director of Student Services. If you do not qualify for application review, then you will be notified. Non-approval means that your application has expired or it has already been reviewed twice. For future consideration, the submission of another application and fee will be required.