

Sacramento City College
Associate Degree Nursing Program
EXTENDED CAMPUS
APPLICANT RESPONSE FORM

This form must be received in the Science & Allied Health Division Office, Mohr Hall room 18 by **May 11, 2009**. **If you do not respond your space will be forfeited and an alternate will be admitted in your place.**

*You may submit the response form via email or fax.
Download the form on the What's New webpage or fax to 916-558-2392 .*

Student ID: _____

TO: Sacramento City College
Allied Health Division
3835 Freeport Blvd.
Sacramento, CA 95822

RE: Fall 2009 Associate Degree Nursing Program

(Initial appropriate response and sign below)

I **accept** enrollment into the Fall 2009 Associate Degree Nursing Program. I have reviewed the Essential Functions Required of Allied Health Students and anticipate that I will be able to perform these functions:

without accommodation

with accommodation (please explain)

I would like to **decline** your offer of enrollment in the Associate Degree Nursing Program for the Fall 2009 semester. I am aware that should I wish to apply again, I will submit all a new application and any other required materials for consideration.

Name: _____
(please print)

Date: _____