



Bachelor of Science in Health Sciences Limited Acceptance

Students currently enrolled in an approved associate degree allied health program (radiography, respiratory care, or similar program) may request Limited Acceptance (LA) into the Trinity College Bachelor of Science in Health Sciences Program.

Print Name: _____

Current Address: _____

Phone: _____ E-mail: _____

Student Signature: _____ Date: _____

REQUEST CONDITIONAL ACCEPTANCE INTO THE:

- Bachelor of Science in Health Sciences (BSHS-LA)

ANTICIPATED TERM OF ENROLLMENT:

- Summer Semester _____ (year)
- Fall Semester _____ (year)
- Spring Semester _____ (year)

SUBMIT COMPLETED FORM TO:

- ▶ Student Services Office
 - o Email to QC_StudentServices@trinitycollegeqc.edu
 - o Walk-In to Student Services Office
 - o Fax: 309.779.7748

Students receive notification by letter of the admission decision.

To discuss admission requirements please contact Admission Representative:

Lori Perez
Lori.Perez@trinitycollegeqc.edu
309.779.7812