



Medical Assisting Program

Application Form

Medical Assisting Program
Charleston Campus
6375 West Charleston Blvd
Las Vegas, NV 89146-1164
Phone: (702) 651-5080, (707) 651-5757
Email: MAP@CSN.EDU

ELECTRONIC APPLICATION SUBMISSION ONLY

Please print or type the information below. **NOTE: It is the applicant's responsibility to notify the Medical Assisting Program and Office of the Registrar of any name, address, or telephone changes.**

Name _____
Last First Middle NSHE Number

Address _____
Number Street Apt. Number

City State Zip Telephone

E-mail Address _____ Alternate Telephone _____

Indicate the semester for which you are currently applying: Fall Year _____

Campus selection: West Charleston Henderson

If your campus choice is full, would you like to fill an available spot on the other campus? Yes No

Are you transferring or have you transferred credits to CSN from another institution (including UNLV and NSC)? Yes No
If yes, you must attach your CSN Transfer Credit Evaluation.

IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT HIS/HER FILE IS COMPLETE AND THAT ALL NECESSARY DOCUMENTS ARE SUBMITTED TO MAP@CSN.EDU AS ONE ELECTRONIC FILE BEFORE THE SPECIFIED APPLICATION DEADLINE.

APPLICATION POLICY AND PROCEDURES

Medical Assisting Program will only accept complete application packets consisting of the following:

1. An Application form with current date, name, address, telephone number and email address.
2. Unofficial CSN transcript including all final grades for ENG courses AND/OR CSN transfer credit evaluation report.
3. Unofficial copy of **one of the following**:
 - a) High School diploma, High School transcript, or GED equivalent with date of graduation
 - b) College/University transcript with an AWARDED degree or copy of diploma

NOTE: CSN formal evaluation of transcripts from other colleges, including UNLV and NSC, is highly recommended. Contact the Office of the Registrar for the procedures. This process may take 10 weeks. Student is responsible for ensuring that the MyCSN Transfer Credit Report reflects accurate course(s) and grade(s).

I certify that the above statements are true to the best of my knowledge.
I have read, understand and agree to comply with the Application Policy and Procedures.

Applicant's Signature _____ Date _____

College of Southern Nevada reserves the right to eliminate, cancel, phase out, or reduce in size courses and/or programs for financial, curricular, or programmatic reasons. College of Southern Nevada recognizes that embracing diversity maximizes faculty and staff contribution to our goals and provides the best opportunity for student achievement. CSN is an equal opportunity and affirmative action employer and does not discriminate on the basis of race, color, sexual orientation, religion, marital status, pregnancy or age in any of its policies, procedures, or practices in compliance with Title VI of Civil Rights Act 1964, Title VII, Title SI, Section 504 of the Rehabilitation Act of 1973, the ADA and the Age Discrimination Act of 1975.