



NORTH SHORE COMMUNITY COLLEGE

1 Ferncroft Road
P.O. Box 3340
Danvers, Massachusetts 01923-0840

Danvers Campus | 978-762-4000
Lynn Campus | 781-593-6722
CentroHub | northshore.edu/centro-hub
Corporate Training Solutions | 978-236-1200

northshore.edu



NORTH SHORE COMMUNITY COLLEGE **ANIMAL CARE** SELECTIVE ADMISSIONS APPLICATION PACKET

Thank you for your interest in the NSCC Selective Admissions Programs for Fall 2025. Below contains important information about admission requirements, the admission process, and program requirements for Fall 2025 (**Note:** these admission requirements are applicable for Fall 2025 only. For subsequent years, admission requirements are subject to change without notice.)

Here are the steps that must be followed to successfully apply to the program:

STEP 1: READ THE INFORMATION BELOW AND THROUGHOUT THE APPLICATION

Please read all of the information below and throughout the online application carefully and follow all instructions. Admission to this program is highly competitive and has a selective admission process. It is **your responsibility** to ensure that you accurately understand the information and follow accordingly.

STEP 2: COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS (page 2)

The Admission Requirements Checklist details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant's responsibility for ensuring that the application is complete and received. **If any required items are incomplete/missing when you submit your application, your application will not be processed (i.e. reviewed).**

STEP 3: SUBMIT YOUR APPLICATION AND SUBMIT ALL REQUIRED MATERIALS

All completed applications received by priority deadline will be reviewed for potential acceptance to the program. Completed applications may be considered under the same procedure after this date if space remains available in the program or waitlist, but there is no guarantee of such consideration. Admission to this program may close at any time after the priority deadline without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the dates listed below.

Information

- No application fee is required. NSCC has an open admissions policy.
- Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or SORI (Sex Offender Registry Information) check prior to participation.
- CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student's CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied.

For more information

Phone: 781-477-2107 or 978-762-4188.
Email: SelectiveAdmissions@northshore.edu

The **Office of Student Financial Services** is available to answer any questions about paying for your education.

Phone: 978-762-4189
Email: sfs@northshore.edu

Mail Selective Admissions Application Packet to:

NSCC Admissions Office
1 Ferncroft Road
Danvers, MA 01923
Email: SelectiveAdmissions@northshore.edu

Priority Application Deadline: Applications will be accepted until the program is full.

Application inquiries may be direct to: SelectiveAdmissions@northshore.edu

The Application Process Checklist

Initial when complete	Required Documentation
	<p>1. NSCC Application for Admission Complete the application for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count). Submit your application along with your essay and TEAS score (if you tested at NSCC).</p>
	<p>2. High School Transcript or GED score report Attach a copy of your high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file. You can confirm by emailing: SelectiveAdmissions@northshore.edu</p>
	<p>3. Communications Proficiency There are many ways to demonstrate this. (See link below) If you have demonstrated proficiency with your SAT scores or Accuplacer testing from another institution, please attach that document to your application. If you have demonstrated proficiency with your high school GPA or with college level courses, this will be updated upon review of your submitted materials. northshore.edu/academics/proficiency/communications-proficiency.html</p>
	<p>4. Math Proficiency There are many ways to demonstrate this. (See link below.) If you have demonstrated proficiency with your SAT scores or Accuplacer testing from another institution, please attach that document to your application. If you have demonstrated proficiency with your high school GPA or with college level courses, this will be updated upon review of your submitted materials. northshore.edu/cas/proficiency/math-proficiency.html</p>

Please select a term: FALL WINTER/SPRING SUMMER YEAR: _____

PLEASE PRINT CLEARLY

Contact Information			
LEGAL LAST NAME/SURNAME	LEGAL FIRST NAME	MIDDLE NAME	
PREFERRED NAME	ALL PREVIOUS LAST NAMES		
ADDRESS			
CITY	STATE	ZIP	COUNTRY
SOCIAL SECURITY #: <small>Optional, but required if seeking financial aid or tax credit.</small>	DATE OF BIRTH MM / DD / YYYY		
SEX	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
CELL PHONE	HOME PHONE		
EMAIL ADDRESS (PLEASE PRINT NEATLY)			

Emergency Contact		
NAME	RELATIONSHIP	PHONE #

PLEASE CHECK APPLICABLE BOXES

Citizenship	
<input type="checkbox"/> U.S. CITIZEN	<input type="checkbox"/> PERMANENT RESIDENT CARD (GREEN CARD) _____ <small>If yes, enter Permanent Green Card number. If no, enter type of Visa. # of Visa type</small>
WILL YOU REQUIRE AN F1 STUDENT VISA TO ATTEND NSCC? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ethnicity	
Choose one:	<input type="checkbox"/> HISPANIC/LATINX <input type="checkbox"/> NON-HISPANIC/LATINX

Race			
<small>Please select one or more categories to describe yourself.</small>			
<input type="checkbox"/> AMERICAN INDIAN/ ALASKAN NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN/ PACIFIC ISLANDER	<input type="checkbox"/> ASIAN	
<input type="checkbox"/> WHITE	<input type="checkbox"/> CAPE VERDEAN	<input type="checkbox"/> BLACK/ AFRICAN AMERICAN	

Military	
ARE YOU PRESENT OR FORMER MILITARY PERSONNEL?	<input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH _____

BY SUBMITTING THIS APPLICATION, I AGREE TO RECEIVE PHONE CALLS AND/OR TEXT MESSAGES FROM OR ON BEHALF OF NORTH SHORE COMMUNITY COLLEGE REGARDING THEIR PRODUCTS AND SERVICES, AT THE PHONE NUMBER(S) PROVIDED ON THIS FORM, INCLUDING MY WIRELESS NUMBER. I UNDERSTAND THAT THESE CALLS AND/OR TEXTS MAY BE GENERATED USING AN AUTOMATED TECHNOLOGY. PLEASE NOTE, ADDITIONAL FEES MAY APPLY AS REQUIRED BY YOUR TELEPHONE PROVIDER.

TEXT MESSAGE OPT IN: YES NO AUTOMATED CALL OPT IN: YES NO

X
Signature of Applicant _____ Date _____

X
Signature of Parent (If applicant is under 18 years of age.) _____ Date _____

LAST NAME/SURNAME		FIRST NAME	
MIDDLE NAME		ANY PREVIOUS LAST NAMES	
ADDRESS			
CITY		STATE	ZIP
COUNTRY			
SOCIAL SECURITY #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DATE OF BIRTH MM / DD / YYYY	
<small>Optional, but required if seeking financial aid or tax credit.</small>			
STUDENT ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Are you a U.S. Citizen? Yes No

If not, please complete the following.

ARE YOU A PERMANENT RESIDENT? YES NO IF YES, LIST ALIEN REGISTRATION NUMBER: _____

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISA OR IMMIGRATION STATUS IN DETAIL: _____

Please check the in-state or reduced tuition eligibility category that applies to you:

____ I have been a Massachusetts resident for six continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

- | | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> VALID DRIVER'S LICENSE | <input type="checkbox"/> UTILITY BILLS* | <input type="checkbox"/> EMPLOYMENT PAY STUB* |
| <input type="checkbox"/> VALID CAR REGISTRATION | <input type="checkbox"/> VOTER REGISTRATION* | <input type="checkbox"/> STATE/FEDERAL TAX RETURNS* |
| <input type="checkbox"/> MASS. HIGH SCHOOL DIPLOMA | <input type="checkbox"/> SIGNED LEASE OR RENT RECEIPT* | <input type="checkbox"/> MILITARY HOME OF RECORD* |
| <input type="checkbox"/> RECORD OF PARENTS' RESIDENCY FOR UNEMANCIPATED PERSON* | | <input type="checkbox"/> OTHER _____ |

____ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION'S REGIONAL STUDENT PROGRAM.

____ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Signature of Applicant Date
I certify that all above information is true.

Signature of Parent Date
If applicant is under 18 years of age.

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant's eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

- ____ IS eligible for the in-state tuition rate.
 ____ IS NOT eligible for the in-state tuition rate.
 ____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel Signature Date

Academic Information PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU.

- I AM: A FIRST-TIME STUDENT (NEVER ATTENDED COLLEGE BEFORE). AN NSCC GRADUATE SEEKING READMISSION.
 A TRANSFER STUDENT (PREVIOUSLY ATTENDED ANOTHER COLLEGE). A PREVIOUS NSCC STUDENT (NON-GRADUATE).
 WERE YOU IN A DEGREE PROGRAM? YES NO
- 1) CAMPUS LOCATION PREFERENCE: DANVERS LYNN ONLINE
Check all that apply
- 2) MODE OF STUDY: DAY EVENING
Check all that apply

Choose A or B:

A. I INTEND TO PURSUE A DEGREE OR CERTIFICATE PROGRAM.
Please refer to NSCC Degree & Certificate Programs list.


FIRST CHOICE: _____
Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.

SECOND CHOICE: _____

 IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

- I AM PLANNING TO GRADUATE WITH A DEGREE OR CERTIFICATE
 I AM TAKING ONE OR MORE COURSES TO TRANSFER

B. I PREFER UNSPECIFIED STATUS. I DO NOT INTEND TO CHOOSE A PROGRAM OF STUDY AT THIS TIME. *I understand I am not eligible for financial aid unless I choose a program of study.*

 IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

- I AM TAKING ONE OR MORE COURSES TO TRANSFER.
 I AM TAKING ONE OR MORE COURSES TO UPGRADE OR LEARN NEW JOB/ACADEMIC SKILLS.
 I AM TAKING COURSES FOR PERSONAL GROWTH.
 I AM NOT READY TO DECLARE AT THIS TIME.

Educational Background

- 1) HIGH SCHOOL EDUCATION HIGH SCHOOL GRADUATE GED RECIPIENT DID NOT GRADUATE

NAME OF HIGH SCHOOL OR GED TEST CENTER CITY STATE YEAR

- YES NO DID A PARENT, RELATIVE OR SIBLING GRADUATE FROM NSCC?
 YES NO DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?
 YES NO WILL YOU HAVE RECEIVED A BACHELOR'S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?
 YES NO IS ENGLISH YOUR NATIVE LANGUAGE?

- 2) COLLEGE EDUCATION COLLEGE GRADUATE DID NOT GRADUATE WILL GRADUATE _____ (YEAR)

NAME OF COLLEGE	CITY	STATE
GRADUATION DATE/DEGREE RECEIVED	DATES OF ATTENDANCE	
NAME OF COLLEGE	CITY	STATE
GRADUATION DATE/DEGREE RECEIVED	DATES OF ATTENDANCE	

Signature Required

Signature of Applicant

I certify that all above information is true.

Date

Signature of Parent

If applicant is under 18 years of age.

Date