Recommendations
Please use recommendation forms for our program, which are available on the web site.
Provide contact information for your references below:

Reference #1:
Name:_____
Address:_____
City: _____ State: _____
ZIP:_____
Phone: _____ Relationship to applicant: _____

Reference #2:
Name:_____
Address:_____
City: _____ State: _____
ZIP:_____
Phone: _____ Relationship to applicant: _____

Reference #3:
Name:_____
Address:_____
City: _____ State: _____
ZIP:_____
Phone: _____ Relationship to applicant: _____

Admissions checklist
1. _____ Mail completed application by December 15th.
2. _____ Send all previous college transcripts. Fall transcripts may be sent to us separately.
3. _____ Read, sign, and submit the Technical Standards.
4. _____ Submit responses to the Career Statements.
5. _____ Send three completed recommendations (follow instructions on forms).
6. _____ Enclose $25 check (no cash) payable to Sanford Health for application fee. (non-refundable)

* It is the student's responsibility to assure their file is complete prior to the admissions deadline. If a file is not complete, the student will not be considered for an interview. Only Fall transcripts will be accepted after the December 15th deadline. Students must have an overall GPA of 2.75 or higher to be eligible for admission into the program.