Lancaster General College of Nursing & Health Sciences

Bachelor of Science Program

Letter of Intent

For Current Students and Recent Alumni

Please complete this form if you intend to enter into a Bachelor of Science program at Lancaster General College of Nursing & Health Sciences **no later than the third consecutive semester following graduation**. Admission into the class/cohort of your choice is based on availability at the time the request for enrollment is received.

If you plan to enter a Bachelor's program beyond the third consecutive semester following graduation, you must then complete the admission process in its entirety.

Name: _____
First Middle Name Last

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Contact Phone Number: _____/_____/_____

Non-College Email Address:_____

Birth Date: _____/____/_____ Social Security Number: _____/_____/_____

Current Major _____ Lancaster General College Graduation Date: _____

I plan to enroll in the following program:

☐ BS in Nursing
I prefer: ☐ Morning ☐ Evening

☐ BS in Health Science
☐ Clinical Management
☐ Clinical Practice Track

I wish to begin the program: Year _____
☐ Fall Semester
☐ Spring Semester

Student Signature_____ Date_____

Return form to:
Lancaster General College of Nursing & Health Sciences
Mailing Address: 410 North Lime Street
Lancaster, PA 17602

Office Location: 549 North Lime Street
Lancaster, PA 17602