

Modesto Junior College
Allied Health

Student Nurse Computer Access Request Form

1. Please fill out the information below to obtain computer access. Fields marked with an asterisk (*) are required.

Student Information

*Student Name (First, Last): _____

*SSN (entire number): _____ *Date of Birth (month/day): _____

*School Email Address: _____@my.yosemite.edu

Program: _____ Semester #: _____ Instructor: _____

***Information is kept confidential.**