



**THE ALABAMA COLLEGE SYSTEM**  
NURSING PROGRAM APPLICATION

Date: \_\_\_\_\_

Program Applying For: \_\_\_\_\_ Associate Degree Nursing Program          \_\_\_\_\_ Practical Nursing Program

**I. PERSONAL DATA**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**II. EDUCATION**

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Do you currently hold a degree in any field? Yes \_\_\_\_\_ No \_\_\_\_\_ List degree earned: \_\_\_\_\_

Have you taken any college courses at this college? Yes \_\_\_\_\_ No \_\_\_\_\_ List all courses completed. (List additional courses on a separate sheet of paper if necessary.)


Have you attended other colleges? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list colleges attended with degrees earned if applicable. (List additional courses on a separate sheet of paper if necessary.)

Name of College	City and State	Degree

Have you previously been admitted to a Nursing Program? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, state reason for withdrawal.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold a current Alabama LPN license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you applying for the Career Mobility Track? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you taken the Compass Test? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date tested \_\_\_\_\_

Your name, as listed when tested \_\_\_\_\_.

**III. Complete this section only if you are applying for the Career Mobility Track**

Are You Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Are You Employed Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Initial Date of Employment: \_\_\_\_\_

**I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand this application must be updated if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.**

**Minimum admission standards include:**

1. Unconditional admission to the college.
2. Receipt of completed application for the nursing program(s).
3. Minimum of 2.5 cumulative GPA for students with previous college work.
4. Minimum of 2.5 high school GPA for students without prior college work (GED acceptable).
5. Eligibility for English 101 and Math 116.
6. Eligibility for BIO 201 during the first term of associate degree nursing courses.
7. Good standing with college.
8. Meeting the essential functions or technical standards required for nursing.

**Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Date received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**NOTE: THIS APPLICATION, COLLEGE AND/OR HIGH SCHOOL TRANSCRIPTS, AND COMPASS SCORES MUST BE ON FILE IN THE NURSING DEPARTMENT NO LATER THAN NOVEMBER 2, 2008 FOR SPRING SEMESTER 2008, APRIL 4, 2008, FOR SUMMER SEMESTER 2008 AND JULY 9, 2008 FOR FALL SEMESTER 2008 . IT IS RECOMMENDED THAT YOU CHECK TO SEE IF YOUR FILE IS COMPLETE PRIOR TO THE DEADLINE. CALL 251-578-1313 ext. 148.**

**Please return to:**  
**Reid State Technical College**  
**Post Office Box 588**  
**Evergreen, Alabama 36401**