



GLEN OAKS COMMUNITY COLLEGE NURSING DEPARTMENT

APPLICATION FOR ADMISSION

Level I \_\_\_\_ OR Level II \_\_\_\_

PLEASE TYPE OR PRINT IN INK: - Applications may be submitted any time before, but must be submitted by: Level I: Spring – May/June (each year) is due no later than December 1st of the year previous to entry, or closest business day to it. Level II: After completion of 2nd semester of Level I and before the 2nd week of January of the year you plan to attend.

I.D. #: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_ \*EMAIL : \_\_\_\_\_

1. NAME IN FULL: \_\_\_\_\_
LAST FIRST MI FORMER

2. USUAL SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

3. PERMANENT ADDRESS: \_\_\_\_\_
STREET AND P.O. BOX

\*Date of Birth \_\_\_\_\_ CITY STATE ZIP CODE

\*Indicates optional information that you do not have to supply

4. RELATIVE OR FRIEND TO BE NOTIFIED IN CASE OF EMERGENCY:
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
TELEPHONE: \_\_\_\_\_

5. LIST HIGH SCHOOL(S) ATTENDED:

Table with 5 columns: INSTITUTION, CITY & STATE, DATE OF ENTRANCE, DATE OF LEAVING, DIPLOMA RECEIVED

6. HAVE YOU EVER TAKEN A COLLEGE ENTRANCE EXAMINATION? \_\_\_\_\_

7. LIST INFORMATION ABOUT COLLEGE, UNIVERSITY OR OTHER SCHOOLS INCLUDING NURSING:

Table with 5 columns: INSTITUTION, CITY & STATE, DATE OF ENTRANCE, DATE OF LEAVING, DIPLOMA RECEIVED

IF THE PROGRAM WAS NOT COMPLETED, STATE REASON(S):

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8. LIST OTHER EDUCATIONAL EXPERIENCES CONTRIBUTING TO YOUR KNOWLEDGE (TRAVEL, ETC.):

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9. ARE YOU PREPARED TO MEET THE NECESSARY EXPENSES OF THE PROGRAM IN THE SCHOOL OF NURSING?

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10. HOW DO YOU RATE YOUR OWN GENERAL HEALTH? \_\_\_\_\_

11. STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN SEQUENCE YOUR PAST OCCUPATIONS, IF ANY:

TYPE OF EMPLOYMENT	NAME OF EMPLOYER	LOCATION	DATES OF EMPLOYMENT

12. WHEN DO YOU PLAN TO ENTER THE NURSING PROGRAM? \_\_\_\_\_

13. \*TYPE A **SHORT** ACCOUNT (1) OF YOUR ACTIVITIES WHILE IN SCHOOL OR SINCE YOU LAST ATTENDED SCHOOL, (2) THE THINGS THAT HAVE GIVEN YOU THE GREATEST SATISFACTION, (3) WHAT YOU MOST ENJOY DOING IN YOUR LEISURE TIME, (4) YOUR REASONS FOR SELECTING NURSING AS A CAREER, (5) ANY SPECIAL REASONS FOR DESIRING TO ENTER THIS SCHOOL, (6) YOUR PLANS AND ASPIRATIONS FOR THE FUTURE: **\*ATTACH THIS TO YOUR APPLICATION**

***Glen Oaks Community College recognizes that Nursing is a physically, emotionally, and intellectually demanding occupation. In an effort to help us assist you with reasonable accommodations in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991, please indicate if you have any health issues for which you need special accommodation. You must submit a letter verifying the disability from a licensed health provider capable of making the diagnosis and/or school personnel verifying the accommodations made during your education.***