



Highland Community College
 Nursing Department
 2998 W. Pearl City Road
 Freeport, IL 61032

REQUEST FOR ADMITTANCE INTO NURSING PROGRAM

***ALL APPLICATIONS ARE DUE
 APRIL 1***

Fall 2010 Application

IN ORDER TO BE CONSIDERED FOR OUR PROGRAM, THE FIRST THING THAT NEEDS TO BE TURNED IN IS THE APPLICATION. THE COMPLETED APPLICATION WILL START YOUR FILE FOR REVIEW. INCOMPLETE FILES WILL NOT BE ACCEPTED.

Things to Attach:

- Typed, Personal Statement
- Service to others form
- Copy of an official transcript(s) from all colleges attended, except HCC
- Active CNA documentation ⇒ <http://www.idph.state.il.us/nar/home.htm>
- 3 letters of recommendation
- TEAS/ATI PN Comp Results

Please Print.

Last Name	First Name	Middle	Former Last Name(s)
Address	City	State	Zip Code
Home Phone	Cell Phone	Date of Birth	

Home e-mail address: _____

IF CURRENT ADDRESS IS LESS THEN 1 YEAR, PLEASE SUPPLY FORMER ADDRESS

Address	City	State	Zip Code
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**Applying for:
 (Choose One)**

ADN Program	PN Program	PN to ADN Program
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Applying for fall of _____

Preference:

Day	Night	Either
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HAVE YOU BEEN A NURSING STUDENT PREVIOUSLY? Yes No

IF YES, LIST ALL NURSING PROGRAMS PREVIOUSLY ATTENDED Please be sure to see the * on the top of page #3.		Dates attended

HIGH SCHOOL STATUS (HIGH SCHOOL TRANSCRIPT OR G.E.D. MUST BE ON FILE IN THE ADDMISIONS OFFICE)

____ H.S. or G.E.D. not completed
____ High School Graduate Year graduated: _____ High School: _____
____ Completed G.E.D Year G.E.D. completed: _____ Where completed: _____

EDUCATION HISTORY

____ CERTIFICATE (TYPE/YEAR) _____
____ ASSOCIATES DEGREE (TYPE/YEAR) _____
____ BACHELORS' DEGREE (TYPE/YEAR) _____
____ MASTERS' DEGREE (TYPE/YEAR) _____
____ OTHER (TYPE/YEAR) _____

If you have any condition that might interfere with your ability to meet the demands of nursing school, please describe them:

LIST ALL COLLEGES ATTENDED OTHER THEN HIGHLAND COMMUNITY COLLEGE

Please include two sets of official transcripts for each college attended.
(One for Admissions and one for the Nursing Department)

Dates of Attendance

WORK EXPERIENCE FOR THE PAST 10 YEARS (LIST MOST RECENT FIRST)

Dates of Employment	Position	Employer	Address

Please check here if you either live or work in Highland's district:

REFERENCES

*Applicants must include **three** letters of recommendation to be considered for the nursing program. Those who previously attended other nursing programs must include two **additional** letters of recommendations from the program director and one nursing instructor for each program attended.

All working CNAs, LPNs, or acceptable healthcare positions please check here.

Working CNAs, LPNs, and acceptable healthcare positions **must** include letters from:

DIRECTOR OF NURSING or UNIT SUPERVISOR, 1 RN, and 1 Service to Others Supervisor

For all Others:

1 Service to Others Supervisor, and any 2 of the following: Instructors or teachers, immediate supervisors, and community leaders

***Note: References from relatives and close friends are not recommended; at most one would be accepted for review.**

PLEASE PRINT the contact information for each of the three references writing letters of recommendation and include which letter they are referencing for you. (Example: John Smith, Volunteer Letter) Please also make sure they include this on the letter they send in.

1.

Name and Title	Business or Organization	Address
City	State	Zip Code
		Phone

2.

Name and Title	Business or Organization	Address
City	State	Zip Code
		Phone

3.

Name and Title	Business or Organization	Address
City	State	Zip Code
		Phone

I understand that I am responsible for contacting my three references and providing them with addressed envelopes for sending the letters of recommendation to the Nursing Office or that I collect all three letters and turn them in myself by the deadline of April 1.

I understand that if I withhold or give false information on this form it may make me ineligible for admission to the Nursing Program or subject me to dismissal. I further certify that all statements are complete and correct to the best of my knowledge.

I hereby authorize Highland Community College Nursing Program to personally contact all references and schools of nursing I have listed for the purpose of gaining information which may affect my admission into the Nursing Program.

I understand that the completed forms are for use by the Nursing Admission Committee and Highland Community College only. I voluntarily waive my right of access to this recommendation under Public Law 93-380 and the Regulations promulgated there under so that it may be kept confidential. I understand that all of my information will be kept on file with the Highland Community College Nursing Program for 5 years or until admitted. I am aware that I can only resubmit this current file for one additional year by turning in a letter of intent by January 1, and thereafter have to submit a new application. I understand that if I do not meet HCC residency requirements my file will only be reviewed for admittance after all qualified in district students have been accepted, and additional spots remain open.

Signature

Date

***Note: It is the student's responsibility to notify the Nursing Office of changes in any of this information.**

Service to Others Form

Please fill out based on your continuing experience with service to others.

(For each different type of volunteer work, each section must be completely filled out to count as service.

The month and year the service was performed must be included under "dates."

If service work is still in process put the start date – current.)

1.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:

2.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:

3.) Organization	Supervisor's Signature & Phone #	Dates	Hours
_____	_____	_____	_____

Briefly explain what you did during your time of service and what kind of people you interacted with during this experience:
