

**ROANOKE-CHOWAN COMMUNITY COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM APPLICATION**

Term \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Maiden/Former

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      RCCC Student ID # \_\_\_\_\_

**Ethnicity (for statistical purposes only):** \_\_\_\_\_

Mailing Address - \_\_\_\_\_

City                      State                      Zip

Telephone/Email \_\_\_\_\_

Home                      Cell                      Email

**EDUCATIONAL HISTORY**

High School graduated from: \_\_\_\_\_ Date \_\_\_\_\_

GED from: \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Colleges, universities, technical, vocational school previously attended or currently attending:

Name	City/State	Dates Attended	Major/Degree
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_____
_____

**Official transcripts are required from all high schools, colleges, universities, etc.\***

Have you ever enrolled in the RCCC nursing program? Yes \_\_\_ When \_\_\_\_\_ No \_\_\_

Are you an LPN? Yes \_\_\_ When earned. \_\_\_\_\_ No \_\_\_ Requesting credit for NUR 111 \_\_\_\_\_

Have you ever enrolled in another nursing program? Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

LICENSE/REGISTRY CERTIFICATION	ISSUING AGENCY	EXP. DATE
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_____
_____

Applicants applying for admission for the Fall Semester must complete **all** of the above requirements. Admission is on a "first come, first serve" basis. Completion of the minimum admission requirements is **not** a guarantee of acceptance. **Failure to complete all aspects of this application will render the application ineligible.**

\*I hereby certify that the information I have given is correct to the best of my knowledge. I further understand that falsification or failure to supply the correct information in the admission process will jeopardize my opportunity for consideration of admission to the nursing program.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Note: Return completed form to R-CCC Admissions c/o Roanoke-Chowan Community College, 109 Community College Road, Ahoskie, North Carolina 27910**

**R-CCC Admissions must receive application packets by March 1. Application Packets received in person, faxed, or emailed are not considered for processing. Packets must be sent via postal mail, received on or before the March 1 deadline, and include current listing on the NAI registry, current CPR certification and a completed Health Form.**

**FOR OFFICIAL USE ONLY (The applicant should not complete this portion of the application).**

Date Application Received \_\_\_\_\_

Student Status:    Current                      Returning                      New                      Transfer

**CUMULATIVE GRADE POINT AVERAGE (GPA)**

Applicant must have a minimum grade point average (GPA) of **2.8** or higher on the most recent three academic semesters (minimum of 12 college credit hours) of coursework. The GPA calculations will omit grades from developmental courses, ACA courses and PE courses.

Verified by registrar \_\_\_\_\_

If 12 semester hours of college credit have not earned, GPA of at least 2.80 upon high school graduation. Verified by registrar \_\_\_\_\_

**TESTING**

Please list all of the dates, colleges, and COMPASS or ACCUPLACER Placement Test results.

Date	College	COMPASS/ACCUPLACER Results
_____	_____	Writing Skills _____
_____	_____	Reading Skills _____
_____	_____	Numerical Skills/Pre-Algebra _____
_____	_____	Elem. Algebra/Algebra _____

**COMMENTS:**