

SOUTHWESTERN MICHIGAN COLLEGE SCHOOL OF NURSING

Application to Begin the Nursing Program
Complete and return to Academic Support

NAME _____ Student ID # _____
(Last) (First)

LOCAL ADDRESS _____
(Street)

(City) (State) (Zip)

PHONE: Home _____ Work _____

For which program are you applying for? (Check one)
A.D.N. _____ LPN/A.D.N. _____ PARA-RN _____
(Registered Nursing) (Registered Nursing for LPNs) Registered Nursing for Paramedics)

Which Semester do you wish to begin Nursing Clinicals? (NURS 164 for new students;
NURS 178/181 for LPN/ADN's/NURS 190 for PARA-RN's)

1st Choice Winter (Jan) _____ Fall (Sept) _____ Spring (May) _____
(Year) (Year) (Para/RN) (Year)

2nd Choice Winter (Jan) _____ Fall (Sept) _____ Spring (May) _____
(Year) (Year) (Para/RN) (Year)

Please check pre-requisites completed and grade earned. Include courses in progress. (If transferred, use a "T").

COURSE	GRADE	SEMESTER TAKEN
CHEM 100	_____	_____
PSYC 101	_____	_____
SPEE 104	_____	_____
MATH 101 (or test out)	_____	_____
BIOL 214	_____	_____
BIOL 215*	_____	_____
EDUC 215	_____	_____

*NOTE: There is a 5 year limit on all science classes

****NOTE: Prerequisites may only be repeated once to be considered for admittance to the nursing program.**

over

Please check the forms you have already submitted to **RECORDS/REGISTRATION** Office.

FORM

_____ Health Record (Applicant & Physician)

_____ Immunization (or proof of immunity)

_____ Rubella

_____ Rubeola (need proof of two)

_____ Tetanus (within last 10 years)

_____ TB (Mantoux - 1yr; CxR - 2 yr)

_____ Hepatitis B (not required until admitted)

_____ Chicken Pox Verification Form

_____ References (list last name of reference)

1. _____

2. _____

3. _____

_____ High School Transcript/GED

_____ College Transcripts (if applicable)

1. _____

2. _____

3. _____

4. _____

_____ Criminal Background Form

_____ Copy of Drivers License

_____ Proof of Citizenship (birth certificate, permanent resident card or current I-20)

If LPN OR Paramedic to RN

_____ Proof of at least one year work as LPN or Paramedic

_____ Copy of current LPN License or Paramedic License

COMMENTS: