



**Admission is based on a complete application.**

HIGH SCHOOL/G.E.D: \_\_\_\_\_ Completion Year: \_\_\_\_\_

**EDUCATION LEVEL:**

\_\_\_\_ Associate Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

\_\_\_\_ Bachelor Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

\_\_\_\_ Master Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

\_\_\_\_ Other: Type Completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

**LIST ALL COLLEGES ATTENDED (Excluding RVC) attach sheet if more lines needed**      Date Attended

_____	_____
_____	_____
_____	_____

Have you ever attended another Nursing/Health Care program?    Yes    or    No    Date Attended:

Where: \_\_\_\_\_

Where: \_\_\_\_\_

**An official transcript with a request to evaluate transcript must be submitted to the Admissions Office for all institutions attended.** (A Rock Valley College transcript is not required)

HEALTH CARE EXPERIENCE: list employer/job title/position/duties performed

1. Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

I certify that my permanent legal address is at the address (street, city, & state) I have provided. I understand that if I withhold or give false information on this application, it may make me ineligible for admission to the Nursing Program or subject me to dismissal. I certify that I have disclosed all colleges attended including any/all Nursing/Health Care programs previously attended I further certify that all statements are complete and correct to the best of my knowledge.

I hereby state that I am a:  In-District Student or  Out of-District Student

I hereby authorize Rock Valley 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

It is the policy of Rock Valley College neither to tolerate sexual harassment in any form nor to discriminate on the basis of sex, age, race, creed, religion, national origin, disability status, or sexual orientation in its educational programs, activities, or employment practices. Inquiries regarding compliance may be directed to the Vice President of Student Services at Rock Valley College. (815) 921-4281.

**Please submit application to:**

Mail to: Rock Valley College  
3301 North Mulford, Rd.  
Rockford, IL 61114  
Attn: Nursing Department

or

Drop off: Rock Valley College  
3301 North Mulford, Rd.  
Rockford, IL 61114  
HSC, 1100/1360