

APPLICATION FOR ADMISSION

Complete all sections IN BLACK INK/Do not staple

Application Received: _____

APPLICATION FOR ADMISSION: select program

ASSOCIATE DEGREE (ADN/RN)

- Due by February 15 (fall admission)
- Due by August 15 (spring admission)

ADVISEMENT:

- I have attended an information session
- I have seen an academic advisor

Last 4-digits of SS Number: _____

RVC Student ID: _____

Name: _____
LAST FIRST MIDDLE Intl. OTHER LAST NAME(S)

Current Resident Address: _____
STREET CITY STATE ZIP

Current Resident Phone: _____ Cell Phone: _____

County _____ Email: _____

Current Employer: _____ Work Phone: _____
May we call? YES NO

Please check that you have completed the following requirements before application is submitted:

- Official *current* transcripts from all colleges/universities attended on file in Admissions office.
- ATI TEAS Edition 6 exam
 - Offered in RVC's Testing Center
- Minimum overall pre-requisite GPA of 2.75:
 - BIO 185 or 281/282
 - BIO 274
 - CHM 110 or CHM 120
 - PSY 170
 - ENG 101
- Will be completed by the end of current semester: _____
- NRS 104 (within the past 2 years) Will be completed by the end of current semester: _____
- Active CNA (or active LPN) with no disqualifying offenses on the Illinois Department of Public Health's Health Care Worker Registry
- Co-Requisite and General Education Course Credits "highly recommended to complete these *prior* to admission to the program"
 - 9 credit hours of elective credit: (any three of the listed, please circle)
(Required: FWS 237, MTH 220, PSY 270, SOC 190, SPH 131)

Admission is based on a complete application.

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
Health Science Center (HSC)
Room 1100 or Room 3160