

APPLICATION FOR EARLY ADMISSION

Complete all sections IN BLACK INK/Do not staple

Application Received: _____

- **Early admission applications due by January 31st**

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: _____

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

- Completed a Rock Valley College Enrollment Form
Enrollment forms can be completed by visiting rockvalleycollege.edu/apply
- Official High School transcript(s) on file in the Records Office.
- Official ACT or SAT scores on file in the Records Office.
- If needed, the student has taken any Accuplacer Placement Tests in the Testing Center.

HIGH SCHOOL: _____

Anticipated date of completion: _____

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 High Schools attended and 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 High Schools 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.

**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 Sciences Center**

**Drop box locations:
Room 1100 (first floor) or
Room 3160 (third floor)**