|  |
| --- |
| **PERSONAL INFORMATION** |
| ***Last Name*** | ***First Name*** | ***Middle Initial*** | ***Maiden/Former*** |
|  |  |  |  |
| ***Ethnicity*** | ***Social Security Number*** | ***Birthdate*** | ***R-CCC Student ID#*** |
|  |  |  |  |
| ***Mailing Address*** | ***City, State*** | ***Zip Code*** |
|  |  |  |
| ***Physical Address*** | ***City, State*** | ***Zip Code*** |
|  |  |  |
| ***Home Phone*** | ***Cell Phone*** | ***Email*** |
|  |  |  |
| **EDUCATION INFORMATION** |
| ***Have you ever enrolled in the R-CCC Nursing Program?*** | ***Yes or No*** | ***When*** |
|  |  |  |
| ***Have you ever enrolled in another nursing program?***  | ***Yes or No*** | ***Where*** |
|  |  |  |
| ***High School Attended***  | ***Years/Graduation Date***  |
|  |  |
| ***Attending Roanoke-Chowan Community College*** | ***Yes or No*** |
|  |  |
| ***Attending Martin Community College*** | ***Yes or No*** |
|  |  |
| ***Other college/university attended*** | ***Years/Graduation Date*** |
|  |  |
| ***Other college/university attended*** | ***Years/Graduation Date*** |
|  |  |
| ***Official Transcripts submitted from high school, other college/university? Yes or No*** |  |
| **LICENSE/REGISTRY CERTIFICATION** |
| ***CNAI Expiration Date*** |  |
| ***Licensed Practical Nurse Expiration Date*** |  |
| ***American Heart Association CPR (Healthcare Provider Level) Expiration Date*** |  |

Applicants applying for admissions for the Fall Semester must complete this application. Admissions is on a “first come, first serve” basis. Completion of the minimum admissions 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 admissions process will jeopardize my opportunity to be considered for admission to the nursing program.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Return completed form to Roanoke-Chowan Community College Nursing Dept. Attn: Jenny Johnson PO Box 1248, Ahoskie, NC 27910 (application may also be emailed to** **jmjohnson8906@roanokechowan.edu** **or hand delivered to Jenny Johnson only).**

**R-CCC Admissions Window is opened from September 1 to March 1**

January 1996, Rev. 10/96, 12/98, 10/99, 9/00, 11/01, 11/02, 9/03, 10/04, 10/05, 9/06, 10/10, 10/11, 7/12, 9/14, 3/15, 10/16, 7/18, 10/18, 1/19, 3/20, 9/20, 2/21, 9/21, 4/22

**Application Packets may be turned in by email, mail or hand delivery to Jenny Johnson only. Packets sent via postal mail must be postmarked on or before the March 1 deadline and a completed Health Form must be included.**

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## **FOR OFFICIAL USE ONLY**

## **(The applicant should not complete this portion of the application).**

**Envelope Post-Mark Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Application Reviewed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Status:** **New** **Returning** **Transfer**

### **CUMULATIVE GRADE POINT AVERAGE (GPA)**

Applicant must have a minimum cumulative (overall) grade point average (GPA) of **3.0** or higher on the most recent three academic semesters (minimum of 12 college credit hours) of coursework.  The GPA calculations will omit grades from transitional/support courses, ACA courses and PE courses.

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

If 12 semester hours of college credit have not been earned, GPA of at least 3.0 upon high school graduation.

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

### **TESTING**

***Take the Reinforced Instruction for Student Excellence (RISE)*** test for proper course placement. The student’s high school GPA may be used to determine proper placement. Applicants who have taken the Scholastic Aptitude Test (SAT) or American College Testing (ACT) may be exempt from testing. Call the Testing Center at 252-862-1238 to schedule an appointment for testing.

If an applicant is eligible for any exemption from testing, the applicant must secure a waiver form from Director of Admissions before testing, which must be presented to the test administrator on the day of testing.

Students must meet the following proficiency levels:

|  |  |
| --- | --- |
| English  | ENG 002 Tier 2 |
| Math | MAT 003 Tier 2 |

Proficiency in math required as exhibited by high school GPA of 2.8 or higher, MAT 003 with grade of P2, successful completion of DMA 010-050, successful completion of MAT 070, or college-level math with a C or better.

Students must complete ENG 002 Tier 2 and MAT 003 Tier 2 courses with a grade of a “P”.

Test scores will be valid for a period of five years. Applicants who have taken the NROC at other institutions may have an official copy of the scores sent to the College’s Testing Center.

SAT or ACT scores will be considered in accordance with R-CCC admissions policy.

### **COMMENTS:**