

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

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

