

Challenge students to adapt to a diverse society. Create opportunities for student growth. Connect student learning with professional experiences.

PN _____
ADN _____
RRT/MICT to ADN _____

COLBY COMMUNITY COLLEGE
Department of Nursing

APPLICATION FOR ADMISSION TO NURSING PROGRAM

Type or Print

Name _____
Last First Middle Name Maiden

Address _____
Street or Box Number City State Zip + four (required)

Birthdate _____ **Cell Phone Number** _____ **Home Phone Number** _____

SS# _____

E-mail Address _____

List any other name(s) under which you have previously used.

Is English your first language? YES _____ NO _____ If NO, provide a copy of your TOEFL score.

Additional Education

School _____ Date _____

School _____ Date _____

Alternative Contact Person _____ **Telephone** _____

Campus Preference

PN Campus Designation _____ Colby _____ Norton

ADN Campus Designation _____ Colby

My signature below indicates that all of the above information is accurate to the best of my knowledge.

Anyone knowingly withholding or giving false or misleading information will not be accepted in this program.

In order to submit all required materials refer to "Criteria for Admission into the Nursing Program" which is found on the application web site.

Admissions
121715 Revised
121616 Revised
092217 Revised

Signed _____
Date _____

Colby community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs Activities, and employment. The following persons have been designated to handle inquires regarding the nondiscrimination policies:

Title IX Coordinator: Dr. George McNulty, (785) 460-5490, Colby Community College, 1255 South Range, Colby KS 67701.
Section 504 ADA: Dr. George McNulty, (785) 460-5490, Colby Community College, 1255 South Range, Colby KS 67701.