

THE ALABAMA COLLEGE SYSTEM

NURSING PROGRAM APPLICATION

| Date: | | | | | | |
|-------------------------|--|-----------------------|------------------|-----------------|--------------------|------------|
| Campu <u>s</u> | (check one only): Evergreen | (| Greenville | | | |
| I. 1 | PERSONAL DATA | | | | | |
| LastNa | ame: | First: | | MI: | Maiden: | |
| Social Security Number: | | | | Date of Birth | h: | |
| | nent Address: | | | | | |
| City: | | State: | ZipCode: | | Telephone: | |
| I. ED | UCATION | | | | | |
| High So | chool Graduation Year: | High S | chool Name: _ | | | |
| GED (i | f applicable): | | Date Complete | ed: | | |
| Do you | a currently hold a degree in | any field? Yes | | No | | |
| List all | courses completed. (List addi | tional courses on a s | eparate sheet of | of paper if nec | essary.) | |
| | | | | | | |
| deadline | currently enrolled in classes? e each semester. ou attended other colleges? Ye | | | | | |
| | nal courses on a separate shee | | ry.) | | Degree | |
| | Traine of conege | City and St | atte | - | Degree | |
| | | | | | | |
| | | | | | | |
| Have y | ou previously been admitted t | o a Nursing Progran | n? Yes N | o If yes, | state reason for w | ithdrawal. |
| | | | | | | |
| Do vou | hold a current Alabama LPN | license? Yes | No | | | |

| Have you taken the Accuplacer Test? Yes _ No If yes, date tested | | | | | | | |
|--|---|---|--|--|--|--|--|
| Your name as listed when tested | | | | | | | |
| I understar admission informatio | nd that completion of this application is a control to the nursing program. I understand this a | component of the student profile and does not in itself grant application must be updated ifl am not selected. I certify that the ect. I understand that providing false information may be | | | | | |
| Minimum a | admission standards include: | | | | | | |
| 2. 3. 4. 5. 6. 7. | Minimum of 2.5 high school GPA for state Eligibility for English 1 01 and Math 100 Good standing with college. Meeting the essential functions or technic TEAS (The Test of Essential Academic State of the test will be the responsibility of the application. The TEAS score is good for two (2) year | dents with nursing required general education courses. idents without prior college work (GED acceptable). | | | | | |
| 10 | discretion of each college if it is within the | version of the TEAS test may be considered at the ne two-year time frame. CT composite score National or Residual will not be required to | | | | | |
| | to the nursing program is competitive, an cilities available. Meeting minimal require | d the number of students is limited by the number of faculty and ments does not guarantee acceptance. | | | | | |
| | Applicant's Signature | Date | | | | | |
| Date received: | | Initials:also complete the general admissions application when | | | | | |
| | | t rete edu and click Annly Now to complete the | | | | | |

**Important Notice: Interested students must also complete the general admissions application when applying to the Practical Nursing Program. Visit rstc.edu and click ApplyNow to complete the Admissions application.

Please return to: kbarnes@rstc.edu **OR**

Attn: Karen Barnes

Reid State Technical College

P. 0. Box 588

Evergreen, AL 3640 l