



COLLEGE of
CENTRAL
FLORIDA
—an equal opportunity college—

ASSOCIATE DEGREE NURSING
PROGRAM APPLICATION
Fall 2024

Application Window: April 1, 2024, 8 a.m. through May 9, 2024, 4:30 p.m.

The purpose of this application is to provide necessary personal data to comply with state and federal regulations, and academic data to support your educational achievements. Please type or print clearly and complete the entire form. Submit application and documentation to www.CF.edu/ADNApplication during the application deadline stated in the online information packet and indicated on this application.

Applications received outside the application window listed will not be considered.

I have submitted the CF application and completed requirements for general admission: ☐ Yes ☐ No

CF ID No.: _____

Date Nursing Application Submitted: _____

Date Mandatory Nursing Information Session Attended: _____

Please rank your program track request using a scale, with 1 being the highest level; if you're only considering one option, please only rank that one:

Full-time Ocala Campus program Rank: _____

Full-Time Ocala Campus program Rank: _____

Students are granted admission into a particular program track based on the total points earned on the points rubric and preferred ranking of program tracks.

Please keep in mind that full-time and accelerated programs have the same schedule first semester. Final determination of acceptance into the accelerated track is made by evaluating first semester academic and clinical performance.

Legal Name: _____
Last First Middle (complete) Jr., etc.

Physical Address: _____
Street/Apt. No. City State ZIP Code
County

Mailing Address: _____
(If different from above) Street/P.O. Box City State ZIP Code

Telephone: _____
Home Work Cell

CF Patriots Mail Email: _____ **Date of Birth:** _____

Each student must have an active CF Patriots Mail account. All emails from the Nursing Office will be sent to your Patriots Mail account. If you have not been issued a Patriots email, please submit another valid email address.

Secondary Email: _____

Place of Birth: _____ **Age:** _____
City State Country

Race (check one): ☐ Black (not of Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islander
☐ White (not of Hispanic origin) ☐ American Indian or Alaskan Native
☐ Other (please specify) _____

Gender: ☐ Male ☐ Female **Veteran:** ☐ Yes ☐ No

Did you graduate from high school? ☐ Yes ☐ No

Do you have a GED certificate? ☐ Yes ☐ No

High school graduation month/year: _____

Have you ever attended a nursing program? ☐ Yes ☐ No

If Yes, you must attach a letter from the nursing program director stating you are in good standing and eligible to return/re-enter.

List all colleges or schools attended, regardless of credit earned, including the College of Central Florida. List only college degrees and certificates that have already been earned, not in the process of earning. (Use attachment if necessary.)

College	Dates Attended	Degree Earned

(Use extra paper if necessary and attach.)

SIGNATURE: By my signature below, I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge.

Signature

Date (MM/DD/YY)

Have you met with the Academic Advisor?

Have you attached all requested documents?

Have you made a copy of your application and supporting documents for your future reference and use?