



ASSOCIATE DEGREE NURSING PROGRAM  
APPLICATION  
August 2018

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 the **Ocala Campus, Nursing Office, Building 19, Room 111**, during the application deadline stated in the online information session and indicated on this application.

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: \_\_\_\_\_

I am applying for:

- Full-time Ocala Campus program (application period May 15-31, 2018)
- Full-time Citrus Campus program
- Would accept either; indicate first choice: \_\_\_\_\_

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: \_\_\_\_\_ DOB: \_\_\_\_\_

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 Island  
 White (not of Hispanic origin)  American Indian or Alaskan Native  
 Other *(please specify)* \_\_\_\_\_

Gender:  Male  Female Veteran:  Yes  No

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Born in the United States?  Yes  No

If you were not born in the U.S., your country of birth: \_\_\_\_\_

If you were not born in the U.S., are you a naturalized citizen?  Yes  No

If naturalized, your date of naturalization: \_\_\_\_\_  
Year Month Day

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Did you graduate from high school?  Yes  No Do you have a GED certificate?  Yes  No

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 (not 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.)

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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

Have you attached all requested documents?

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