



**COLLEGE of
CENTRAL
FLORIDA**
—an equal opportunity college—

ASSOCIATE DEGREE NURSING PROGRAM APPLICATION Spring 2026

Application Window: Aug. 25, 2025, 8 a.m. through Sept. 12, 2025, 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:

Accelerated Ocala Campus program	Rank:	
Full-time Ocala Campus program	Rank:	
Part-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:

City State Country

Age:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a GED certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High school graduation month/year:		
Have you ever attended a nursing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, you must attach a letter from the nursing program director stating you are in good standing and eligible to return/re-enter.</i>		
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)
<p style="text-align: center;">Have you met with the Academic Advisor?</p> <p style="text-align: center;">Have you attached all requested documents?</p>		
<p style="text-align: center;">Have you made a copy of your application and supporting documents for your future reference and use?</p>		