



ASSOCIATE DEGREE NURSING PROGRAM
APPLICATION
January 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 Online Information Packet Reviewed: _____

Date Mandatory Nursing Information Session Attended: _____

I am applying for:

- Full-time/Accelerated Option (**January 2018**). Application period Sept. 1-15, 2017.
- Part-time Option
- 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.

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

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

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.)

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?