



**ASSOCIATE DEGREE NURSING  
PROGRAM APPLICATION**  
**January 2022**

**Application Window: Sept. 8, 2021, 8 a.m. through Sept. 29, 2021, 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 <https://cffoundation.wufoo.com/forms/spring-2022-associate-degree-nursing-application/> 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:** \_\_\_\_\_

**I am applying for (application period Sept. 8-29, 2021):**

- Full-time Ocala Campus program
- Accelerated Ocala Campus program
- Part-time Ocala Campus program
- Would accept any; 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:** \_\_\_\_\_ **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

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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.)

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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 (MM/DD/YY)

**Have you attached all requested documents?**

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