

This form will be accepted Wednesday, November 16, 2022 through March, 9, 2023.

Nursing Application
FALL 2023
Please Print

Program applying for (check one or both): RN ___ LPN ___

Preference: RN ___ LPN ___

If you would like to apply for both programs, you must indicate a preference. If you are admitted to the program that is not your preference, your name will be added to the standby list for the preferred program.

If you are admitted to the program that is your preference, your name will be removed from the standby list for the non-preferred program

Please see section 2.1E of the Nursing Handbook for more details.

Name: _____

Maiden Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Are you currently enrolled at IVCC? _____

If not currently enrolled, have you ever been enrolled at IVCC? _____

If yes, indicate last semester of enrollment: _____

Name under which previously attended: _____

Signature: _____

Date: _____

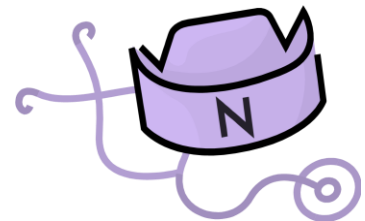
IVCC Student ID Number: _____ *(7 digits)*

E-Mail Address: _____

Home Telephone Number: (_____) _____ - _____

Work Telephone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____



Return to Admissions & Records Office in CTC 101A

Revised 11/15/22