



BLADEN COMMUNITY COLLEGE

APPLICATION FOR NURSING PROGRAM (Traditional)

PLEASE COMPLETE AND TURN IN WITH OFFICIAL ENTRANCE TEST (TEAS)

Bladen Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees, diplomas, and certificates. Questions about the accreditation of Bladen Community College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

PERSONAL INFORMATION

_____/_____/_____/_____/_____/_____

SOCIAL SECURITY NUMBER

NAME

Last

First

Middle/Former

_____/_____/_____/_____/_____/_____

Mailing Address

City or Town

State

Zip Code

E-MAIL _____ TELEPHONE _____/_____/_____ BIRTHDATE _____/_____/_____

Month Day Year

* SEX Female Male * RACE: White Black American Indian Hispanic Asian Other

* This information is voluntary and will not be used in a discriminatory manner

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED 0 1 2 3 4 5 6 7 8 9 10 11 12 GED Adult High School Diploma

COLLEGE: Post High School Vocational Diploma Associate Degree Bachelor's Degree Master's Degree

In case of emergency, contact: Name _____ Telephone _____/_____/_____

CURRENT EMPLOYMENT STATUS

- 1- Retired
- 2- Unemployed –not seeking
- 3 -Unemployed seeking
- 4 -Employed 1-10 hours per week
- 5- Employed 11-20 hours per week
- 6- Employed 21-39 hours per week
- 7 -Employed 40 or more hours per week

LEGAL RESIDENCE

Have you completed an updated BCC Admissions Application? _____

Have you completed an Online Residency Interview and received a RCN? _____ (www.ncresidency.org)

RCN _____

Please, note that an updated BCC Admissions Application and Residency Interview needs to be completed prior to this application or immediately after this application.

Are you a United States Citizen? Yes No

EDUCATION

High school attended: _____
Name County State Graduation Date

GED/Adult High School attended, if applicable: _____
Name County State Date Received

List Colleges previously attended:

College Name _____ Location _____

College Name _____ Location _____

College Name _____ Location _____

OVER

PLEASE INDICATE MAJOR SELECTION

ASSOCIATE DEGREE NURSING PROGRAM (ADN)

FIRST CHOICE ONLY CHOICE

PRACTICAL NURSING PROGRAM (PN)

SECOND CHOICE ONLY CHOICE

HAVE YOU EVER BEEN IN A NURSING PROGRAM AT BCC? ADN PN

HAVE YOU GRADUATED FROM A NURSING PROGRAM AT BCC? ADN PN

*Are you a Provisional Student? No Yes

If **yes**, what prerequisite will you be submitting by the May deadline?

BIO 110/111 NC Nurse Aide I Registry MAT 143, 152, or 171

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Bladen Community College. I further agree to allow BCC to publish personal information pertaining to honor rolls, scholarships, news releases, and to use personal information in other publications normally considered to be that of a two-year college. All students enrolling in classes at BCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Records & Registration Office by the 10th day of the semester in which initial enrollment is made.

I have read and understand the criteria and procedures to apply for admission to the Nursing Programs at Bladen Community College.

Signature of applicant

Date

Signature of parent or guardian if applicant is under 18 years of age

Date

Admission to any and all educational programs offered by Bladen Community College is made without regard to race, creed, sex, religion, age, disability, or national origin.