

Bladen Community College

APPLICATION FOR NURSING PROGRAM (Traditional)

Must Have General Application Submitted--- Must Take 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 the Southern Association of Colleges and Schools Commission on Colleges at 1866Southern Lane,

Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

/ /			/	/	
Social Security Number	∫ L a	ast Name	First Name	Middle/Former	
		/	/	/	
Mailing Address		City or Town	State	Zip Code	
Email Address	Telep	hone/	/Bi		
*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: LIST HIGHEST GRADE COMPLETED					
COLLEGE: Post High School Vocational Diploma Associate Degree Bachelor's Degree Master's Degree					
In case of emergency, contact: Name Telephone Number/					
	$\overline{}$				
CURRENT EMPLOYMENT STATUS				LEGAL RESIDENCE	
List which is applicable to your employment s	tatus			eted an updated BCC Admissions	
1-Retired				eted an Online Residency Interview and	
2-Unemployed-not seeking 3-Unemployed seeking				? (www.ncresidency.org)	
4-Employed 1-10 hours per week			RCN		
5-Employed 11-20 hours per week 6-Employed 21-39 hours per week				t an updated BCC Admissions Online Residency Interview needs to be	
7-Employed 40 or more hours per week				to this application.	
			Are you a United	d States Citizen?	
EDUCATION					
High School Attended:					
Name	Со	unty	Sta	ate Graduation Date	
GED/Adult High School attended, if applicable:					
List Colleges previously attended:	Name	Со	unty	State Date Received	
College NameLocation					
College Name Location					
College NameLocation					

PLEASE INDICATE MAJOR SI	ELECTION				
Associate Degree Nursing Program (ADN)					
☐ FIRST CHOICE ☐ ONLY CHOICE					
Practical Nursing Program (PN)					
\square SECOND CHOICE \square 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?					
If yes , what prerequisite will you be submitting by the May deadline?					
BIO 110/111 \square NC Nurse Aide I Registry \square	MAT 143, 152, or 171 □				
I certify that the information that I have given on this application is accu					
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 person considered to be that of a two-year college. All students enrolling in class	•				
publication of personal data as indicated above unless a disclaimer is file $10^{ m th}$ day of the semester in which initial enrollment is made.	ed with the Records & Registration Office by the				
I have read and understand the criteria and procedures to apply for ad	mission to the Nursina Programs at Bladen				
Community College.					
Signature of applicant					
Signature of parent or guardian if applicant is under 18 years of age	Date				

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