



**ACCELERATED LPN TO ASSOCIATE DEGREE NURSING TRACK APPLICATION-2009**

If you have not previously attended Inver Hills Community College, please complete and remit together with the \$20.00 application fee. Checks/money orders are to be made payable to Inver Hills Community College. **Application fee is non-refundable! Applicants may apply to either Inver Hills or Century College, but not to both institutions. The minimum cumulative GPA to apply is 2.75+.**

**APPLICANTS MUST ATTACH ALL OFFICIAL TRANSCRIPTS (OTHER THAN IHCC) & ASSESSMENTS TO APPLICATION OR APPLICATION WILL BE RETURNED.**

This application is for: **September 15, 2008 deadline** for start date Fall, 2009  
If program does not fill, applications will be accepted through  
February 15, 2009.

Name (Last, First, Middle/Maiden)	Social Security Number	Birthdate (mo/day/yr)		
_____	_____	_____		
Permanent Address	City	State	Zip Code	County
_____	_____	_____	_____	_____
Mailing address (if different from above)	City	State	Zip Code	County
_____	_____	_____	_____	_____
Home Phone _____	Business Phone _____	Cell Phone _____		
State of Residence: _____		How long have you lived there? _____		
		(Years)	(Months)	
Citizenship: Are you a US citizen? _____ If not, what type of visa do you hold? _____				

Educational Record: Names of secondary schools, colleges and technical schools attended:

High Schools or GED* received	State	Town or City	From:	To:	Degree or diploma received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Please have an official high school transcript sent to Admissions at Inver Hills Community College.  
(only required if high school graduation is within the past five years)

Colleges, technical or Post secondary Schools	State	Town or City	From:	To:	Certificate, degree or diploma received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Work History and Employment Record:

**What is your current LPN License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_ (MUST COMPLETE)**

**Are you currently working in the health care field in a direct patient care capacity or have you been employed in the health care field in a direct patient care capacity within the past 5 years? Yes \_\_\_ No \_\_\_.** If yes, please complete this section : *Direct patient care will be verified!*

Your present employer's name and Phone Number: \_\_\_\_\_

The title of your position \_\_\_\_\_

The length of your employment \_\_\_\_\_ On the average, how many hours per week do you work or did you work? \_\_\_\_\_

Briefly describe your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employment Record:**

Employer or Organization	Nature of Work	Dates of employment	Location
--------------------------	----------------	---------------------	----------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Contact Person \_\_\_\_\_ Phone Number of Contact Person \_\_\_\_\_

**Previous Students:**

Have you ever attended Inver Hills Community College? Yes \_\_\_ No \_\_\_

Previous Students: Your name while attending : \_\_\_\_\_ (Legal document required to make name changes on academic records.) Are you currently enrolled? \_\_\_\_\_

Do you plan to enroll again before acceptance into the Nursing Program? Yes \_\_\_ No \_\_\_.

If yes, what semester? \_\_\_\_\_

**New Students:**

Do you plan to enroll at Inver Hills Community College before acceptance into the Nursing Program?

Yes \_\_\_ No \_\_\_ Have you previously submitted a college admission form to Inver Hills? Yes \_\_\_ No \_\_\_

When do you plan to start? Semester \_\_\_\_\_ Yr \_\_\_\_\_

**Applicant Signature:**

**I hereby certify that the information provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I have read the current brochure on admission and program requirements and understand that if I receive an alternate number and do not get accepted, that alternate number does not carry forward to the next years program and a new application is required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Nursing applications will not be considered unless signed and dated and must be complete and submitted by the deadline date. Documentations received beyond deadline will not be considered in the selection process.***

Admission is granted without regard to race, creed, color, sex, age, national origin or disability. This institution abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal laws regarding equal opportunity.

Note: Federal and state legislation requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test date, letters, and recommendations that are sent as part of any application for admission will be open to the student's review upon request.

This document can be made available in alternative formats; call 651/450-8628, TTY 651/450-8369.