



**Inver Hills Community College**  
**2500 E. 80<sup>th</sup>. Street**  
**Inver Grove Heights, Mn. 55076**

**TRADITIONAL ASSOCIATE DEGREE NURSING TRACK APPLICATION FOR 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 Inver Hills or Century College, but not to both institutions.**

**APPLICANTS MUST ATTACH COPIES OF ASSESSMENTS AND OFFICIAL TRANSCRIPTS TO APPLICATION. (EXCLUDING IHCC TRANSCRIPTS). INCOMPLETE APPLICATIONS WILL BE RETURNED! CUMULATIVE GPA TO APPLY IS 2.75+.**

**Read carefully and complete in its entirety. Do not leave any lines blank.**

This application is for: **February 1, 2009 deadline for start date Fall, 2009**  
 If program does not fill, applications will be accepted through  
 June 1, 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 Other post secondary Schools	State	Town or City	From:	To:	Certificate, degree or diploma received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Work History and Employment Record:**

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 Employer's Name and Phone\_\_\_\_\_

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 when 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 certify that 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

**MUST HAVE SIGNATURE OR WILL BE RETURNED**

Date

***If you complete additional college coursework or if you obtain a position in direct patient care after you have submitted your application, you must submit documentation of this additional information by February 1, 2009 in order for this new information to be considered in the selection process. If you have obtained a degree after submitting the application, you must submit documentation of this additional information by February 1, 2009.***

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 such as large print, Braille or audio tape, by calling 779-3300 voice/TTY.**