



TRADITIONAL ASSOCIATE DEGREE NURSING TRACK APPLICATION FOR 2010- 2011

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.

New IHCC Applicants must attach copies of assessments and official transcripts to this application. (This excludes IHCC transcripts). **INCOMPLETE APPLICATIONS WILL BE RETURNED.** Minimum Cumulative GPA to apply is 2.75.

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

This application is for a Fall 2010 start date. **February 1, 2010 is the deadline.**

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*	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
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Location _____	_____	_____
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_____	_____	_____
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Contact Person _____	Phone Number of Contact Person _____
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Contact Person _____	Phone Number of Contact Person _____
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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, 2010 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, 2010.

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.

Criminal Record Disclosure

If you have been arrested, charged or convicted of any criminal offense, you should investigate the impact that the arrest, charge or conviction may have on your chances of employment in the field you intend to study or on your chances to obtain federal, state, and other higher education financial aid.

This document can be made available in alternative formats; call 651/450-3628, TTY 651/450-3369.