



ASSOCIATE DEGREE NURSING DEPARTMENT ADMISSION SUPPORTING DOCUMENTATION

Applicant's Name _____ Student ID # _____

ATTENTION – This form is PDF fillable for the applicant section ONLY

The form is not supported by apple products (Mac computer). Please DO NOT change the format of the form)

(Handwritten documents will **NOT** be accepted)

| | | |
|---|---|----------------|
| Criteria 3c | First generation to attend college: Please briefly explain your situation or circumstances i.e. where your parents grew up and what grade they completed in high school. | |
| | | |
| Criteria 3f | Difficult personal and family situation/circumstances: Please briefly explain your situation/circumstances: | |
| | | |
| Criteria 3i | Verification of proficiency in a foreign language. The community member is required to handwrite and complete this portion of this form. | |
| Please have a community member (e.g. a employer, lawyer, teacher or cleric) who can verify your level of proficiency in a foreign language sign below. (Individual completing criteria 3i cannot be a relative, coworker, classmate, friend, or significant other). I _____ verify that _____ can speak at the following proficiency level (circle one): intermediate, advanced, or superior in (<i>specify the language</i>) _____. | | |
| Contact information for individual verifying language proficiency This portion of the form must be completed by the Community Member <u>ONLY</u> | | |
| Name of the person completing this section | | Contact Phone: |
| Address: | | |
| City, State, Zip | | Occupation: |
| Email address | | |
| Signature of person completing this section | | Date |

Applicant's Acknowledgement

My signature below acknowledges that the information on this form is true and correct.

Applicant's Signature _____ Date: _____

Signature is required, must be clear, precise, and legible.

NO COMPUTER -GENERATED or SCRIBBLED SIGNATURES WILL BE ACCEPTED!