



FALL 2017 APPLICATION FOR ADMISSION

Deadline May 22, 2017 12:00 noon / *Fourth Street Nursing Office*

Please type or Print:

Name _____

Other Names used in the past _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone #1 _____ Phone #2 _____

CCC ID # _____ HS Grad/GED Date _____

CCC E-mail _____

Where do you work? _____

1. Pre-Requisite Courses

Course	Grade	Date Completed	College
ENG 101			
MAT 142/151 within 10 years			
BIO 201 within 5 years			
CHEM 138/130 within 7 years			

2. Co-Requisite Courses

Course	Grade/IP	Date Completed	College
ENG 102			
BIO 202 within 5 years			
BIO 205 within 5 years			
BIO 218 within 5 years			
NTR 135 within 5 years			
PSY 240			
Arts & Humanities/ General Education Option Course name & number			

3. Provide a Copy of CNA License Number _____ EXP Date _____

If recent graduate provide a CNA testing date: _____. **You must have your CNA license turned into the nursing department by July 13, 2017 to be admitted to the program.**

4. HESI Preadmission Test Score copy. A minimum score of 80% is required to apply. **Score:**_____

5. Transcripts:

- a. A copy of CCC unofficial transcripts showing that all classes transferred from another institution have been accepted by CCC registration.

6. All required documentation current and attached to application. AHA Healthcare Provider CPR(valid through 2017), DPS fingerprint card, 2 MMR's or positive titer, 2 Varicella or positive titer, TB(valid through 2017), 3 Hep B's or positive titer and TDAP(valid through 2017).

7. Passport photo (Staple to your application; copies of pictures will not be accepted).

The following information is needed by Coconino Community College when applying for grant funding. This information is not shared with anyone else. Your assistance is greatly appreciated.

Ethnicity:_____Age:_____Sex:_____

Native of Flagstaff: Y N Number of Children in Public School:_____

Failure to completely fill out and sign admission application will disqualify the applicant.

I certify that all the information provided by me is true, complete and accurate. Falsification or omission of pertinent data on the application will forfeit admission to the Associate in Applied Science Degree Nursing Program. I acknowledge that admission to the program is conditional until I have successfully completed all prerequisites. I understand that if accepted I will be required to meet the health requirements of the Nursing Program.

Applicant signature

Date

Submit Application to:
Coconino Community College
3000 N. Fourth Street
Flagstaff Arizona 86004
928 526-7640

Deadline May 22, 2017 12:00 noon in the Nursing Office/Fourth Street Campus