

Coconino Community College Associate of Applied Science in Nursing

FALL 2022 APPLICATION FOR ADMISSION

Deadline: Tuesday, March 1, 2022, by 12:00pm

Only complete applications will be accepted

Application Checklist

✓					OFFICE USE ONLY
	Contact information completed				
	Prerequisite courses listed (letter grade, date completed, college)				
	GPA 3.0 or higher				
	Corequisite courses listed (if completed)				
	AZ LNA license copy				
	Copy of <i>unexpired</i> AZ DPS Fingerprint Clearance Card				
	ATI TEAS results provided (minimum score 66.1% or higher)				
	Attended Application Information Session				
	Official transcripts from other colleges <i>and</i> copy of CCC DegreeWorks (courses transferred to CCC must show up as a transfer credit in DegreeWorks)				
	Application completed and signed, including this checklist				
	Application in sealed envelope (do not bend)				
OFFICE USE ONLY, DO NO WRITE BELOW THIS LINE					
	GPA (prerequisites)		CCC Credits		Healthcare Employment
	ATI TEAS		Gen Ed Credits		Prior Applicant
Reviewed by:					

Applications must be turned into the Nursing Department

3000 N. Fourth Street, Flagstaff, AZ, 86004

Nursing Program Specialist's Office, Tuesday, March 1, 2022, by 12:00pm

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1. Contact Information (please type or print)

Name: _____ CCC ID: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ CCC Email: _____

2. Pre-Requisite Courses

Course	Grade	Number of Credits	Semester/Year Completed	College
ENG 101				
ENG 102				
MAT 140 (or higher)				
BIO 201				
BIO 202				
CHM 130 (or higher)				

3. Co-Requisite Courses

Course	Grade	Number of Credits	Semester/Year Completed	College
BIO 205				
BIO 218				
NTR 135				
PSY 240				
A/H Elective				

**Please provide official transcripts and copy of DegreeWorks for all prerequisite and corequisite courses completed. DegreeWorks must demonstrate that all courses taken at other colleges have been accepted as transfer credit.*

4. AZ LNA License Number*: _____ Expiration Date: _____

**Please provide of copy of the Arizona LNA license*

5. ATI TEAS Score (total score): _____

**Please provide a copy of the ATI TEAS results. The test must have been taken between 10/4/2021 and 3/1/2022.*

6. Were you a qualified applicant who applied for Fall 2021 admission and were not selected? Yes* No

**The Fall 2021 application will be reviewed for this qualification.*

7. Application Information Session Date attended: _____

8. Do you currently work in healthcare? Yes* No

**If yes, please provide a letter of verification from your supervisor on official letterhead.*

9. Are you interested in the Concurrent Enrollment Program? Yes* No

**If yes, please fill in the last page.*

Signature

Date

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 of Applied Science in Nursing degree. I acknowledge that admission to the program is conditional until I have officially received an acceptance letter and fulfilled all the health requirements set forth by the Nursing Program. Failure to complete this application will result in invalidation of the application, and it will not be reviewed for admission.

Concurrent Enrollment Program (CEP)

I am interested in applying to: NAU GCU ASU

Name: _____

Email: _____ Phone: _____

Address: _____

City/State/Zip: _____

Signature

Date

I consent to my information being shared with NAU (Northern Arizona University), GCU (Grand Canyon University), or ASU (Arizona State University) solely for the purpose of applying for CEP. The Director of Nursing will provide this information along with any other academic records requested by the university I have chosen. I understand I may have to provide additional copies of official transcripts and other information requested to the university I have chosen.