

Coconino Community College Associate of Applied Science in Nursing  
FALL 2023 APPLICATION FOR ADMISSION

Deadline: Wednesday, March 1, 2023, by

*Only complete applications will be accepted*

### Application Checklist

✓		<b>OFFICE USE ONLY</b>
	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	
	Include 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.	
	Application completed and signed, including this checklist	
	Application in sealed envelope (do not bend)	
<b>OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE</b>		
<b>GPA (prerequisites)</b>		<b>CCC Credits</b>
<b>ATI TEAS</b>		<b>Gen Ed Credits</b>
		<b>Healthcare Employment</b>
		<b>Prior Applicant</b>
<b>Reviewed by:</b>		

**Applications must be turned into the Nursing Department**  
3000 N. Fourth Street, Flagstaff, AZ, 86004  
Nursing Program Specialist's Office, Wednesday, March 1, 2023, 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)				

Please indicate course name and number for any substitutions:

**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 indicate course name and number for any substitutions:

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 10/3/2022 and 3/1/2023.*

6. **Were you a qualified applicant who applied for Fall 2022 admission and were not selected?** Yes\*  No

*\*The Fall 2022 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 that indicates your specific role in patient care activities. Examples of patient care activities include: taking vital signs, phlebotomy, and administering first aid.*

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.*