

2017 Nursing Program Application

Please check your first choice:

- Nursing Day (Fall) Nursing Evening/Weekend (Summer)
 Nursing Day LPN to RN Bridge (Summer) Nursing Evening/Weekend LPN to RN Bridge (Summer)

VHCC Student ID#: _____

Last Name: _____ **First Name:** _____

Former Name(s): _____

Mailing Address: _____

PO Box or Street	City	State	Zip Code
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Telephone/Home: _____ **Cell:** _____

- Did you attend VHCC before Fall Semester 1984?** Yes No
Have you completed any college level Nursing courses? Yes No

If you marked yes above, please list the college or university where these classes were taken. _____

PLEASE REVIEW THE CHECKLIST BELOW TO ENSURE YOU HAVE MET ALL REQUIREMENTS

- High School Graduation/GED Test Scores: Attach official high school transcript and all college transcripts.** Transcripts from any Virginia community college are not required, but you should list the college you attended below.

Colleges Attended

- Completion of Math, Biology and Chemistry prerequisites.** Please refer to the VHCC Catalog for specific course and grade requirements.
- Completion of ATI TEAS** with a national percentile rank of at least 45. The official transcript must be attached.
- Documentation of high school or college GPA.** Please refer to the VHCC Catalog for specific GPA requirements.
- Completion of 9-26 credit hours** (depending on chosen track) of general education courses (see VHCC catalog for specific courses).
- If applying for the LPN to RN Bridge Program, **a current copy of License/Certification and letter from last employer** documenting at least one (1) year (2000 hours) of full-time LPN work experience in direct patient care during the past three years.

All of these requirements must be completed and documentation (including all college transcripts if other than a Virginia Community College) should be submitted as a packet to Student Services (ISC 128) between Aug. 15, 2016 and Jan. 17, 2017.

Please see other side

I, _____, have completed the prerequisites (math, biology and chemistry) and have included all of the required documentation for the Nursing Program Application packet.

OR

I, _____, am taking the Nursing Program prerequisites listed below in Spring 2017. I understand that successful completion of these courses is required before I can be considered for the program and, further, that there is no guarantee seats will be available at that time.

course name

course name

Signature: _____ Date: _____

Additional information about the Nursing Program is available in the VHCC Catalog and Student Handbook, which is available online at www.vhcc.edu/catalog. For additional information or assistance with this application, please contact VHCC Student Services at (276) 739-2438 or ssc@vhcc.edu.