



**PRACTICAL NURSING PROGRAM APPLICATION**

CYCLE/YEAR \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
          LAST                    FIRST                    MIDDLE

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
          HOME                    WORK                    CELL

Email Address: \_\_\_\_\_

Student Status:       New       Continuing       Returning       Transfer

**IMPORTANT INFORMATION:** Please carefully read the information below, and initial next to the disclosure.

\_\_\_\_\_ If you are a student transferring from another accredited institution, you must provide the Nursing & Allied Health Department a copy of your official transcripts. GCC Students must provide a copy of their grades at the end of the each semester. The information provided to the Nursing & Allied Health Department will be kept confidential and filed accordingly as required by FERPA.

\_\_\_\_\_ All students applying for the upcoming Practical Nursing cycle must complete all General Education requirements with "C" grades or better by the Fall semester, prior to the cycle they are applying for.

I certify that the information provided above on this application is true and correct to the best of my knowledge. I understand and acknowledge the information above that I have initialed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_