

## APPLICATION FOR ADMISSION

Complete all sections IN BLACK INK/Do not staple

Application Received: \_\_\_\_\_

APPLICATION FOR ADMISSION: select program

### ASSOCIATE DEGREE (ADN/RN)

- Due by February 15 for August admission

### ADVISEMENT:

- I have attended an information session
- I have seen an academic advisor

Last 4-digits of SS Number: \_\_\_\_\_

RVC Student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE Intl. OTHER LAST NAME(S)

Current Resident Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Current Resident Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

County \_\_\_\_\_ Email: \_\_\_\_\_  
May we use personal email? YES NO

Current Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
May we call? YES NO

Please check that you have completed the following requirements before application is submitted:

Official High School transcript or High School Equivalency Certificate on file in Admissions office.

Official *current* transcripts from all colleges/universities attended on file in Admissions office.

ATI TEAS Edition 6 exam/Word processed essay\* (See sample below)

- Both to be completed in RVC's Testing Center

\*Essay Sample-*REQUIRED* - double spaced

1. Write a paragraph on why you want to be a RN
2. Write a paragraph on three (3) components of being a professional RN
3. Spelling and grammar will be checked.

Minimum overall pre-requisite GPA of 2.75:

- BIO 185 or 281/282
- BIO 274
- CHM 110
- PSY 170
- ENG 101

Will be completed by the end of current semester: \_\_\_\_\_

NRS 104 (within the past 2 years, formally NRS 108)  Will be completed by the end of current semester: \_\_\_\_\_

Active CNA with no disqualifying offenses on the Illinois Department of Public Health's Health Care Worker Registry

Co-Requisite and General Education Course Credits "highly recommended to complete these *prior* to admission to the program"

- 9 credit hours of elective credit: (any three of the listed, please circle)  
(Required: FWS 237, MTH 220, PSY 270, SOC 190, SPH 131)

**Admission is based on a complete application.**

Over

HIGH SCHOOL/G.E.D: \_\_\_\_\_ Completion Year: \_\_\_\_\_

EDUCATION LEVEL:

Associate Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

Bachelor Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

Master Degree completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

Other: Type Completed at: \_\_\_\_\_ Completion Year: \_\_\_\_\_

LIST ALL COLLEGES ATTENDED (Excluding RVC) attach sheet if more lines needed Date Attended

_____	_____
_____	_____
_____	_____

Have you ever attended another Nursing/Health Care program? Yes No Date Attended:

Where: \_\_\_\_\_

Where: \_\_\_\_\_

**An official transcript with a request to evaluate transcript must be submitted to the Admissions Office for all institutions attended.** (A Rock Valley College transcript is not required)

HEALTH CARE EXPERIENCE: list employer/job title/ position/ duties performed

1. Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_ Date(s): \_\_\_\_\_

I certify that my permanent legal address is at the address (street, city, & state) I have provided. I understand that if I withhold or give false information on this application, it may make me ineligible for admission to the Nursing Program or subject me to dismissal. I certify that I have disclosed all colleges attended including any/all Nursing/Health Care programs previously attended I further certify that all statements are complete and correct to the best of my knowledge.

I hereby state that I am a:  In-District Student or  Out of-District Student

I hereby authorize Rock Valley College Nursing Program to personally contact all references and schools of nursing I have listed for the purpose of gaining information, which may affect my admission into the Nursing Program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

It is the policy of Rock Valley College neither to tolerate sexual harassment in any form nor to discriminate on the basis of sex, age, race, creed, religion, national origin, disability status, or sexual orientation in its educational programs, activities, or employment practices. Inquiries regarding compliance may be directed to the Vice President of Student Services at Rock Valley College. (815) 921-4281.

**Please submit application to:**

Mail to: Rock Valley College  
3301 North Mulford Rd.  
Rockford, IL 61114  
Attn: Nursing Department

or

Drop off: Rock Valley College  
3301 North Mulford, Rd.  
Rockford, IL 61114  
Health Sciences Center  
Room 1100 or Room 3160