



**Associate Degree
Nursing Program
(Curriculum #366)**

APPLICATION FOR ADMISSION

Applications will be accepted:

- February 1 through February 28 for the Fall admission.
 - Applicants will be notified of acceptance in late March for Fall admission.
- September 1 through September 30 for Spring admission.
 - Applicants will be notified of acceptance in late October for Spring admission.

NIU Dual Enrollment Admission

Return application, and any sealed reference envelopes in a sealed manila envelope to Kishwaukee College Nursing Department, 21193 Malta Road, Malta, IL 60150-9699 or directly to office B1222.

Kishwaukee College Student ID Number: _____

Date of Birth: _____

Name: _____
LAST FIRST MIDDLE FORMER LAST NAME (S)

Current Address: _____
STREET CITY STATE ZIP

Current Phone: _____ Cell Phone: _____

Permanent Address: _____
STREET CITY STATE ZIP

Kishwaukee College E-mail Address: _____

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

Requirement	Check if complete
Official High School transcript or High School Equivalency Certificate on file in Student Services.	
Official current transcripts from all colleges/universities attended on file in Student Services.	
Overall college (Kishwaukee and Transfer) GPA of 2.500 or above in all coursework. Will be met by (list semester and year): _____	
Completion of COM 100, ENG 103, and PSY 102 with a grade of "C" or higher in each course. <input type="checkbox"/> Course: _____ will be completed in (list semester and year) _____ <input type="checkbox"/> Course: _____ will be completed in (list semester and year) _____	
Completion of BIO 103 & BIO 105 (General Biology and Lab) or similar transferable coursework with a "B" or higher. Will be completed in (list semester and year): _____ (If no, see next question)	
Completion of BIO 258 (Human A&P I) & BIO 259 (Human A&P II) or similar transferrable coursework with a "C" or higher within last 5 years. <input type="checkbox"/> BIO 258 will be completed in (list semester and year): _____ <input type="checkbox"/> BIO 259 will be completed in (list semester and year): _____	
Completion of college-level Math, as determined by college placement procedure, completion of coursework at Kishwaukee College or by transfer credit acceptance policy. Appropriate mathematics course grades must be a "C" or higher and expire after five (5) years; placement scores expire after three (3) years. Will be completed in (list semester and year): _____	
ATI TEAS test composite score of 60.0% or higher (taken within the past 2 years). Registered for the _____, 20_____ session	
Reference letters completed. Number enclosed (in sealed envelopes): _____ Number arriving by mail: _____	

Admission is based on available space.

Students who have completed all admission criteria will be considered for acceptance first. All other applications will be given consideration on a "space available" basis.

Educational Background

High School: _____ Year completed: _____

High School Equivalency Certificate: _____ Year completed: _____

List All Colleges Attended (Including Kishwaukee)	Date Attended
_____	_____
_____	_____
_____	_____

____ L.P.N. Certificate Completed at: _____ Year completed: _____

____ Associate degree Completed at: _____ Year completed: _____

____ Bachelor's degree Completed at: _____ Year completed: _____

____ Master's degree Completed at: _____ Year completed: _____

____ Other: Type Completed at: _____ Year completed: _____

An official transcript must be submitted to the Admissions Office for all institutions attended.
A Kishwaukee College transcript is not required.

References

References submitted must include at least one supervisor and/or instructor. Relatives and friends are not acceptable references. Students who have attended a previous nursing program **must** include at least one reference from the Director of the program or a clinical nursing instructor. All student references being submitted with application must be placed in a sealed envelope with the reference giver's signature across the seal. The reference giver may also mail the reference directly to the Kishwaukee College Nursing program.

1. Name: _____ Phone: _____
 Supervisor Instructor Coworker Other: _____

2. Name: _____ Phone: _____
 Supervisor Instructor Coworker Other: _____

3. Name: _____ Phone: _____
 Supervisor Instructor Coworker Other: _____

4. Name: _____ Phone: _____
 Supervisor Instructor Coworker Other: _____

REFERENCES ON FILE. Check here if you submitted references with application last semester. Your references will remain on file for one semester (You must still fill-in reference names above).

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 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
(check your voter registration card for Kishwaukee College District #523 or call the Admissions Department at x 9375 for clarification).

I hereby authorize Kishwaukee 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:** _____

Kishwaukee College does not discriminate on the basis of race, color, ancestry, sex, gender identity and gender expression, sexual orientation, religion, national origin, age, marital status, pregnancy, physical or mental handicap or disability in its programs or activities. Inquiries regarding this nondiscrimination policy may be directed to: Kristin Elliott, Director Disability Services, Section 504 Coordinator, 21193 Malta Rd., Malta, IL 60150, 815-825-9467 or at kelliott3@kish.edu. Individuals requiring accommodations to access and participate in the courses, programs, services, or events at Kishwaukee College should contact Disability Services at 815-825-2931 or email ds@kish.edu.