

**HOWARD COLLEGE
APPLICATION FOR ADMISSION
TO NURSING PROGRAM**

**PLEASE RETURN TO:
Howard College Nursing Department
1001 Birdwell Lane
Big Spring, Texas 79720**

PROGRAM APPLICATION FOR: (please circle)
Vocational (VN) Associate Degree (RN)

Transition (VN to RN)

Date you plan to enroll in the Nursing Program _____
Month & Year

PERSONAL INFORMATION

PLEASE PRINT

Last Name _____ First _____ Middle _____
Birth date _____ Birthplace _____ Maiden (Or previous name) _____

Social Security # _____

STATISTICAL INFORMATION (For government reports – Please check all that apply)

<input type="checkbox"/> Male	CLASSIFICATION	<input type="checkbox"/> Receive VA Benefits	White, Non-Hispanic	
<input type="checkbox"/> Female		<input type="checkbox"/> Freshman (0-29 hrs.)	American Indian	
<input type="checkbox"/> Single		<input type="checkbox"/> Sophomore (30-59 hrs.)	Will NOT Receive VA Benefits	Black, Non-Hispanic
<input type="checkbox"/> Married		<input type="checkbox"/> Unclassified (60+ hrs.)	Disabled Veteran	Asian/Pacific Islander
		Approved for Hazelwood	Hispanic	
		Receive Financial Aid	Other (Foreign Student)	

LOCAL ADDRESS (Mailing)

Street address _____ Apt _____
City, state, zip _____

Home Phone _____ **Work** _____

Cell _____

Permanent Address (If different from local address)

Email _____

PREVIOUS EDUCATION

Are you (or will you be upon admission) a High School Graduate? No Yes Date of Graduation _____
Name of High School: _____ Location (City & State) _____
If no, do you have a GED (High School Equivalence Certificate)? No Yes Date earned: _____
Place taken: _____
Have you attended another college? Yes No Where? _____
Are you eligible to return to last school attended? Yes No What is your major? _____
Are you concurrently enrolled in Howard College and another college? Name of College _____

LIST COLLEGES ATTENDED	LOCATION (City & State)	DATES	HOURS EARNED
(If you have attended more than two colleges, list others on back. Estimate hours if unsure.)			

If I am accepted as a student at Howard College, I will honor all administrative summons and conform to and abide by the letter and spirit of all the rules, regulations, and procedures of Howard College as given in the college catalog and student handbook. I hereby give the right to disclose to appropriate college officials my school records for use in planning my program. I certify the above information is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to immediate dismissal from the college.

DATE: _____ SIGNATURE: _____

I have read and understood the following information as stated in the nursing admission packet
Declaratory Order Information, Criminal Background check

DATE: _____ SIGNATURE: _____

This application will expire after selections are made for the next class.