

TRUCKEE MEADOWS COMMUNITY COLLEGE
NURSINGPROGRAM

APPLICATION PACKET for FALL 2012 Entrance

DUE DATE: April 16th, 2012

SUBMIT APPLICATIONS IN PERSON TO:

IN PERSON: Toni Hippert
RDMT 324 Dandini Campus

OR MAIL (Recommend certified mail) TO:

TMCC
Toni Hippert
– Nursing (R 324)
7000 Dandini Blvd
Reno NV 89512
(no receipt will be sent)

OR E-MAIL: thippert@tmcc.edu
In Subject line: Application
(no receipt will be sent)

OR FAX TO: 775-674-7940
(no receipt will be sent)

***** Illegible and or Incomplete applications will not be processed.**

**TRUCKEE MEADOWS COMMUNITY COLLEGE
APPLICATION FOR ADMISSION TO THE NURSING PROGRAM**

COMPLETE THE FOLLOWING PERSONAL DATA

GENERAL DIRECTIONS: The information requested should be **printed** in ink or typed.

TMCC Student ID Number _____ Date of Birth ____ / ____ / ____

LAST NAME _____ FIRST NAME _____ MI _____

PLEASE LIST ANY OTHER NAMES USED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ ALTERNATE PHONE # _____

E-MAIL ADDRESS: _____

THE APPLICANT'S CERTIFICATIONS: (please initial each item)

_____ I hereby certify that I have personally read and completed the above and understand the application criteria and procedures for the program. I accept complete responsibility for requesting AND submitting all required official documents.

_____ I understand that it is my responsibility to submit official transcripts to TMCC and have them evaluated by Admissions and Records by using the Transfer Credit Evaluation Form that can be found at :

<http://www.tmcc.edu/admissions/downloads/forms/students/current/ADMITransferCreditEval.pdf>

SIGNATURE OF APPLICANT _____ DATE OF APPLICATION _____

TMCC is a EEO/AA (or equal opportunity/affirmative action) institution and does not discriminate on the basis of sex, age, race, color religion, disability or national origin in the programs or activities which it operates.

APPLICANT _____

VERIFICATION OF PRE-REQUISITES

1. I meet the Certified Nursing Assistant requirement by one of the following ways.
 - ___ I took the following course (on my transcripts): _____
 - ___ I am attaching a certificate of completion, previous license (copy attached)
 - ___ I have a waiver from the Director of Nursing (copy of e-mail attached)
2. I meet the Medical Terminology requirement by one of the following ways.
 - ___ I took the following course (on my transcripts): _____
 - ___ I am attaching a certificate of completion (copy attached).
 - ___ I have a waiver from the Director of Nursing (copy of e-mail attached)
 - ___ I will take the Medical Terminology Challenge Test in the Testing Center.

Any verifying documents that are not on an already submitted transcript must be attached.

WORKSHEET FOR A.A.S. DEGREE: (To be completed by applicant. Include TMCC courses)

Course Equivalence

TMCC Course	Course # Completed or Planned Completion	Course Name	Institution where taken (including TMCC)	Date Completed or Planned Completion Date	Grade Recv'd	
					Grade Recv'd	# of Credits
PREREQUISITES						
EXAMPLE	BIOL 223	A&P	TMCC	Spring 2000		
BIOL 223 (Anatomy & Physiology I)						
BIOL 224 (Anatomy & Physiology II)						
BIOL 251 (Microbiology)						
OVERALL SCIENCE GPA _____						
GENERAL EDUCATION DEGREE REQUIREMENTS *						
Math 120 (or higher)						
English 101						
English 102						
PSY 101 (Social Science)						
PSC 101 (US/NV Constitutions)						
Human Relations						

OVERALL GPA _____

ALL COLLEGES/UNIVERSITIES ATTENDED INCLUDING TMCC)

	Name	Dates attended	Major	Credits	Degree Awarded
1					
2					
3					

A&R VERIFIER _____

Nursing Application Receipt
(to be completed by TMCC staff)

Applicant Name: _____

TMCC ID: _____

Date: _____

Time: _____

Documents Submitted:

Application

Completed

Higher Education Transcripts

A&R

INCLUDED

N/A

_____ **This page does not infer evaluation of submitted material. It is only documenting receipt of items accepted.**

Student Signature: _____

Staff Signature: _____