



Coconino Community College

Associate in Applied Science Degree Nursing Program

**FALL 2019 APPLICATION FOR ADMISSION**

Deadline March 5, 2019 12:00 noon / *Fourth Street Nursing Office*

**Only completed applications will be accepted.**

Please plan in advance to complete the application before the due date.

**Please type or Print:**

Name: \_\_\_\_\_ CCC ID: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ CCC Email: \_\_\_\_\_

Where do you work: \_\_\_\_\_

Are you interested in applying to the concurrent program at:      **GCU**      **NAU** (circle one)

**1. Pre-Requisite Courses**

Course	Grade	Date Completed	College
BIO 201			
BIO 202			
BIO 205			
BIO 218			
CHEM 130/138			
ENG 101			
Math 142			
NTR 135			

**2. Co-Requisite Courses**

Course	Grade/IP	Date Completed	College
ENG 102			
PSY 240			
Arts & Humanities/ General Education Option Course name & number			

**3. What is your LNA License Number:** \_\_\_\_\_ **EXP Date:** \_\_\_\_\_

**4. TEAS preadmission test scores. Please provide a copy.**

Reading score	Math score	Science score	English and Language score

**5. Transcripts: Transcripts from all colleges attended including CCC must be attached to your application. Do not break the seal.** All transfer credits must be accepted by CCC registration and show up on your CCC transcripts.

**6. Have you ever applied to the Coconino Community College Nursing program? (circle one)**

NO                      YES                      If yes when? \_\_\_\_\_

**7. What is the date of the Nursing Application Information session you attended.** \_\_\_\_\_

Sessions are mandatory, your application will not be considered if you haven't attended.

**FAILURE TO COMPLETELY FILL OUT AND SIGN APPLICATION WILL DISQUALIFY THE APPLICANT (no exceptions)**

I certify that all the information provided by me is true, complete and accurate. Falsification or omission of pertinent data on the application will forfeit admission to the Associate in Applied Science Degree Nursing Program. I acknowledge that admission to the program is conditional until I have successfully completed all prerequisites. I understand that if accepted I will be required to meet the health requirements of the Nursing Program.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Submit Application to:**  
Coconino Community College  
3000 N. Fourth Street  
Flagstaff Arizona 86004  
928 526-7640

**Deadline March 5, 2019 12:00 noon in the Nursing Office/Fourth Street Campus**