

Valencia Community College
Health Sciences Program Application
Associate in Science Degree in
Nursing, R.N., Generic Track

PLEASE PRINT

Date of Application: _____ VCC ID# (Required) _____

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____

County _____ City, State, Zip _____

Phone Number with Area Code _____

Atlas E-mail Address: _____

Male Female Race _____ Birth Date _____

Are you a U.S. citizen or permanent resident? Yes No

Have you submitted your official transcript(s) to Valencia? Yes No

If you have applied to another limited access Health Sciences program at Valencia in the past 12 months, indicate which one: _____

Have you satisfied all requirements on the Admission Criteria and Checklist in the current Nursing Program Guide? Yes No

For admission consideration for the Nursing Program, Generic Track, this application and required documentation must be submitted and all of your grades must be posted to your Valencia transcript. There is no application deadline as applications are accepted on a continuous basis.

DECLARATION

I have reviewed all admission requirements and expectations in the Valencia Nursing Program Guide and on the Valencia Nursing Web site. I understand that it is fraudulent to misrepresent any information on this application and I affirm that all information on this application is true. I understand that, if admitted to this program, I must submit to a criminal background check and drug screening, document immunizations and other requirements for clinical participation, and be free of offenses that would disqualify me from the program. I have read and understand the performance standards necessary to be a competent Registered Nurse.

Signature

Date

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A non-refundable Health Sciences Program Application fee of \$15. must be submitted to the Business Office with **each** application. In person, you may pay by credit card, debit card, cash, check or money order; a check or money order must be payable to Valencia Community College.

By mail:

Please mail the application together with a check or money order payable to Valencia Community College to the address listed below. Do not send separately.

Valencia Community College, Business Office, PO Box 4913, Orlando, FL 32802

In person:

Please make payment to the West Campus Business Office in the Student Services Building (SSB), Room 101 before turning in your application to the Health Sciences Advising Office on the West Campus in Building 1, Room 130.

OR

Please make payment to the Business Office on any Valencia campus and request that the Business Office staff forward your Health Sciences Program Application and application fee receipt to the Health Sciences Advising Office on West Campus.

Finance Use