FREDERICK COMMUNITY COLLEGE ASSOCIATE DEGREE (RN) PROGRAM

Evening-Weekend Option APPLICATION FOR ADMISSION – CLINICAL COMPONENT SPRING 2017

Application Deadline - September 15, 2016

Please Print

NAME:			
PREVIOUS NAME:			
ADDRESS:			
	City	County	
	State	Zip	
PHONE:	Home	Work	
EMAIL ADDRESS:			
Student ID# (Not So	cial Security Numb	per)	
Once a student has app Nursing, AS, your trans Math Aptitude Test: Th www.frederick.edu/nurs TEAS Test: All applicat	olied to the College, a efer credits may not be the testing hours for the sing (selective admisents must take the Testlease visit the nursing	his test will be posted on the Nursing we ssions). Testing will take place in late Se st of Essential Academic Skills (TEAS) to g website www.frederick.edu/nursing (s	your major is not ebsite eptember 2016. o complete the
I will be sending tran	scripts from:		
		nibit students from taking the nursing licensure eart and licensure. Please contact the Director of	
I attest that all of the above including address, will be gr		nd factual. I understand that falsification of any n the nursing program.	student record,
Signature		Date	
Please return comple		n or by mail to the Nursing Office	in L114 or in

Please include a stamped self-addressed envelope if you want confirmation of receipt of application. Confirmation will not be given over the telephone or in person.

Students will be notified of their admission status by November 15, 2016.