

RVC Nursing Admission Application

Please complete all sections.

**Associate Degree Nursing Program
(Curriculum #5400) / OFFICE USE ONLY**

Nursing Program (AAS):

____ Due by February 15 (fall admission)

____ Due by August 15 (spring admission)

Application Received:

Advisement (recommended):

I have seen an academic advisor (insert date): _____

RVC Student ID: _____

Last Name: _____ First Name: _____

Middle Initial: _____ Other Last Name(s): _____

Current Resident Address / Street: _____ City: _____

State: _____ Zip: _____ County: _____

Current Resident Phone: _____ Cell Phone: _____

Email Address: _____

By providing above email it gives Rock Valley College permission to use.

Current Employer: _____ Work Phone: _____

By providing work phone number it gives Rock Valley College permission to use.

Please check that you have completed the following requirements before application submission:

____ Official *current* transcripts from all colleges/universities attended on file in the Records Office.

____ ATI TEAS Edition 7 (Edition 6 will no longer be accepted)

____ Minimum Overall Pre-requisite GPA of 2.5:

____ BIO 100/103, Introductory Human Biology/Introductory Life Science

____ BIO 185 or 281/282, Anatomy and Physiology – semester/year completed: _____

____ BIO 274, Microbiology – semester/year completed: _____

____ ENG 101, Composition I

____ PSY 170, General Psychology

____ NRS 104 (within the past two years) – semester/year completed: _____

____ Active CNA with no disqualifying offenses on the Illinois Department of Public Health's Health Care Worker Registry

Admission is based on a complete application.

Colleges Attended

List all colleges attended, excluding RVC, and attach sheet if more lines are needed.

College (1): _____ Date (1): _____

College (2): _____ Date (2): _____

College (3): _____ Date (3): _____

An official transcript with a request to evaluate transcript must be submitted to the Records Office for all institutions attended. A Rock Valley College transcript is not required.

Health Care Work Experience

Employer (1): _____ Location (1): _____

Dates Worked (1): _____ Type of Work (1): _____

Employer (2): _____ Location (2): _____

Dates Worked (2): _____ Type of Work (2): _____

Have you ever volunteered or worked for pay in a social service/health care facility?

No ____ Yes ____ If yes, please describe your function:

Application Signature

The above information is true to the best of my knowledge. Purposely offering false or misleading information may be grounds of denial of admission to the RVC Associate Degree Nursing Program.

It is the policy of Rock Valley College neither to tolerate sexual harassment in any form nor to discriminate on the basis of sex, age, race, creed, religion, national origin, disability status, or sexual orientation in its educational programs, activities, or employment practices. Inquiries regarding compliance may be directed to the Vice President of Student Services at Rock Valley College at (815) 921-4281.

Signature: _____ Date: _____

Submit completed application by email to:

RVC-HealthSciencesApplications@rockvalleycollege.edu