

# 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](mailto:RVC-HealthSciencesApplications@rockvalleycollege.edu)