

Harper College Fall 2016 / Spring 2017 NURSING (RN) Degree Program Application**

***Your Nursing Program Application will be accepted only if accompanied by a valid NLN score report with results indicating satisfaction of the following **minimum** scores:*

Composite – 60th percentile; Math – 40th percentile; Verbal – 40th percentile; Science – 40th percentile.

*Fall 2016 applicants must have NLN scores from testing completed no earlier than January 1, 2013;
Spring 2017 applicants must have NLN scores from testing completed no earlier than January 1, 2014.*

**Applications for Fall 2016 Nursing will be accepted from October 1, 2015 – March 15, 2016*
Applications for Spring 2017 Nursing will be accepted from June 1, 2016 – September 15, 2016***

***If all openings are not filled, applications will continue to be accepted beyond the deadline until the program is closed.**

CHECK ONE: FALL 2016 NURSING PROGRAM SPRING 2017 NURSING PROGRAM

Name:	Social Security Number:	
Former Name(s):	E-mail Address:	
Date of Birth: (Month / Day / Year)	Home Phone Number:	Alternate Phone Number:

I was previously enrolled in a Nursing (RN) Degree or Nursing Certificate (LPN or PNC) Program or in any NUR-
prefixed course(s) at Harper College or at another college or university. yes* no

*If yes, please indicate the program, the year, and name of the institution. _____

I have carefully reviewed the Harper College Nursing Program Admission Requirements. I understand all of the admission requirements and my responsibility in meeting those requirements within the required timeline in order to be considered for admission to this program.

Further, I understand that:

- Satisfaction of the admission requirements does not guarantee acceptance into the program;
- It is my responsibility to see that I have submitted all required documents including official transcripts from all colleges attended;
- If accepted into the program, I am obligated to follow the program curriculum as defined at the time of acceptance;
- If I am not granted admission for this program start, I must reapply and satisfy all admission requirements for a future program start.

Signature: _____ Date: _____

Request for Evaluation of College Transcripts

You must identify below each of the college transcripts which you are requesting be evaluated by Harper College:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

- Your college transcripts will be evaluated based upon the graduation requirements currently in effect for the Nursing Program.
- An OFFICIAL transcript from each college or university attended must be sent directly to the Harper College.
- Transcripts from foreign colleges must first be evaluated by World Education Services or Educational Credential Evaluators, Inc. (Applicants will need to submit a copy of the completed course-by-course WES or ECE evaluation to the Harper College One-Stop Center, Building A, Room A250.)

Academic Prerequisite Checklist for Nursing Degree Program Applicants

The following are *academic prerequisites* required for admission to the Nursing degree program. Please provide grade, College/University and where appropriate, the date of completion:

ENGLISH COMPOSITION (ENG 101 at Harper College)
Grade_____ College/University_____
HUMAN ANATOMY (BIO 160 at Harper College)
Grade_____ College/University_____
Date course was completed_____
HUMAN PHYSIOLOGY (BIO 161 at Harper College)
Grade_____ College/University_____
Date course was completed_____
INTRODUCTION TO PSYCHOLOGY (PSY 101 at Harper College)
Grade_____ College/University_____
MATH ASSESSMENT
Grade_____ College/University_____ Date completed_____
or
Harper College Compass Algebra Test Score_____ Test Date_____
CHEMISTRY (HS chemistry is acceptable only if you have not taken chemistry in college)
Grade_____ If chemistry was completed in college, name of College/University_____
If you did not take chemistry in college, but you completed 2 semesters of high school chemistry, Grades_____ High school_____
HIGH SCHOOL TRANSCRIPT / GED
Date of high school graduation (or date you passed the GED)?_____
Where did you complete high school (or take the GED)?_____
<small>(Please indicate the country, if not in the U.S.)</small>

Signature_____

Submit completed degree application with valid NLN score report to Health Careers Division Office, Avanté Center, Room X250.
(Regular business hours: 8:00 am – 7:00 pm M-R; 8:00 am – 4:30 pm F – Office hours can vary; please call ahead: 847.925.6533)