

Cleveland State Community College

P.O. Box 3570 • Cleveland, TN 37320-3570 • www.clevelandstatecc.edu/nursing
(423) 478-6228 or 478-6227 • Fax (423) 614-8722 • (800) 604-2722

Application for Nursing Program Fall 2010

Complete this form online, print and return to the Department of Nursing after January 2010

To be considered for admission to the Fall Nursing Class 2010, you must be eligible for admission by March 1, 2010. (You must establish eligibility by the end of Fall Semester 2009, since grades for courses taken Spring Semester 2010 will not be available until after the freshman nursing class of Fall 2010 has been admitted.) Cleveland State students are given admission priority over transfer students. The applicant is responsible for notifying the Department of Nursing with any changes or updates to this application.

Date _____ Date received in Nursing Office _____

SS or Student ID # _____ E-mail: _____

Name _____
Last First Initial or Maiden

Address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Are you interested in LPN-to-RN Transition Curriculum? (Must be an LPN) Yes No

In order to be considered for the Nursing Program, you must first:

1. Be currently enrolled in the college or have an application submitted to the admission office.
2. Complete all required developmental classes.
3. Complete chemistry with a grade of "C" or better.
4. Maintain a GPA of 2.75 or better on nursing academics (must have grades of "C" or better).
5. Pass HESI admission test: Reading 75%, Composite 75%

Once the above requirements have been met, submit this completed application along with:

1. Transcript showing a chemistry grade (high school or college).
2. Transcripts from all colleges attended including CSCC.
3. Copy of transfer evaluation from all colleges if not CSCC.
4. Copy of HESI admission test score.

Only completed applications will be accepted. **Incomplete applications will not be processed.** Completed Applications must be submitted by March 1, 2010.

If you have ever had a nursing or health-related license suspended, revoked, denied, or subjected to disciplinary action or if you have ever been convicted of a criminal offense other than a minor traffic violation, the Tennessee State Board of Nursing has the authority to deny a license based on criminal convictions. You can review this information at <http://health.state.tn.us/boards/Nursing/index.htm>

I affirm that the information on my application is correct. Incorrect or incomplete information will make me ineligible for consideration. All requested information must be submitted with the application. I acknowledge that I am responsible for the contents in the RN Nursing Admission Information Packet attached to this application. I understand that once admitted to the Nursing Program, I have to submit to a criminal background check, drug screen, and meet all health requirements for admission to nursing.

Date _____ Signature _____

Applicants not admitted to the program who wish to be considered for admission in the subsequent year ***must reapply.***