# NAVARRO COLLEGE

## Navarro College Associate Degree Nursing Program
### 1900 John Arden Drive, Waxahachie, TX 75165
# Nursing Application for Admission
Application must be typed. Handwritten applications will not be considered.

| PROGRAM ENTRY | |
|---|---|
| (Summer I) LVN to RN Bridge Entry _____<br>Application Deadline: **January 12, 2024** (Postmark or delivery date)<br>PREFERRED CAMPUS:   Corsicana   Waxahachie<br>LVN License #: _____ Exp. Date: _____ | (Fall) Traditional ADN Entry _____<br>Application Deadline: **February 2, 2024** (Postmark or delivery date) |

### DEMOGRAPHIC INFORMATION

| Last Name | First Name | Middle Name (not initial) |
|---|---|---|
| | | |

Alias(es) / other names which may appear on your academic or background records.

| Social Security Number | Navarro College Student ID Number | Driver's License Number |
|---|---|---|

| Navarro College Student Email | Personal Email |
|---|---|

| Mailing Address: Street | City | State | Zip Code |
|---|---|---|---|

| County you live in | Are you a U.S. Citizen?  ☐Yes  ☐No |
|---|---|

| Cell Phone Number | Home Phone Number |
|---|---|

### LIST ALL COLLEGES ATTENDED, INCLUDING NAVARRO COLLEGE AND CURRENT ENROLLMENT

| Name of College/University | City, State | Dates of Attendance | Hours or Degree | **Final GPA** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**DO YOU HAVE ANY PREVIOUS ENROLLMENTS IN A NURSING EDUCATION PROGRAM?**
**IF YES, INDICATE YEAR(S) ENROLLED AND NAME OF NURING PROGRAM.**

Note: If you qualify for admission, your name, birth date, and social security number will be sent to the Texas Board of Nursing.

SIGNATURE: _____   DATE: _____