



## APPLICATION FOR ADMISSIONS RN PROGRAM

All sections of this application should be completed and submitted to the school office along with the \$100 non-refundable registration fee. Incomplete applications will not be accepted. Please print all information requested except signature.

### **PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_  
LAST FIRST M.I.

**HOME ADDRESS:** \_\_\_\_\_  
STREET CITY ST ZIP

**PREFERRED PHONE NUMBER:** \_\_\_\_\_ (Circle: CELL HOME WORK)

**ALTERNATE NUMBER:** \_\_\_\_\_ (Circle: CELL HOME WORK)

**IF CELL, NAME OF CARRIER:** \_\_\_\_\_ (By providing the name of your carrier, you agree to receiving text messages relating to or from the school.)

**SS NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DRIVER'S LICENSE:** \_\_\_\_\_  
STATE OF ISSUE: \_\_\_\_\_ EXP: \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_  
MONTH / DAY / YEAR

*GCON IS AN EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION AND DOES NOT DISCRIMINATE AGAINST PERSONS BECAUSE OF RACE, COLOR, AGE, RELIGION, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY OR EXPRESSION, PHYSICAL DISABILITY, GENETICS, NATIONAL ORIGIN, VETERAN OR MARITAL STATUS OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW. COMPLETION OF RELATED ITEMS ON THIS FORM (I.E. RACE, AGE, GENDER, ETC.) IS OPTIONAL; HOWEVER, IT WILL AID IN THE PROMPT PROCESSING OF YOUR APPLICATION AND WILL BE USED FOR FEDERAL, STATE AND AFFIRMATIVE ACTION REPORTING PURPOSE.*

**EMAIL ADDRESS:** \_\_\_\_\_

**Sex:** \_\_\_ Male \_\_\_ Female **U.S. Citizen:** \_\_\_ Yes \_\_\_ No

Resident alien? \_\_\_ Yes \_\_\_ No Non-resident alien seeking F-1/M1 status? \_\_\_ Yes \_\_\_ No

Country of Lawful Residence or Citizenship? (If not USA): \_\_\_\_\_

State/Country of Birth? \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**Educational Information**

Did you graduate from high school? \_\_\_\_ Yes \_\_\_\_ No If yes, what year? \_\_\_\_\_

If No, do you have GED? \_\_\_\_ Yes \_\_\_\_ No If yes, what year? \_\_\_\_\_

A copy of high school diploma or GED, or a translation of any foreign high school diploma is required.

Last high school attended?

Name: \_\_\_\_\_

Address of High School

\_\_\_\_\_

If applicable, fill in highest post-secondary level completed.

◇ Freshman ◇ Sophomore ◇ Junior ◇ Bachelor’s ◇ Associate ◇ \_\_\_\_\_

Last College/Technical School attended?

Name: \_\_\_\_\_

Address of College/Technical School: \_\_\_\_\_

\_\_\_\_\_

If you wish to transfer any credits, an official, sealed transcript is required. A translation of any foreign transcript or diploma is required.

**Emergency Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**This application is not a guarantee of acceptance into any program offered by Gladstone College of Nursing. There is a \$100 non-refundable application fee, payable by debit/credit card with processing fee, money order, cashier’s check, or cash, due with the submission of this application.**

I hereby certify that I have read this application and that to my knowledge all statements contained herein are correct and complete. I understand that all sections of this agreement together constitute the Enrollment Agreement. I understand that any information found to be false will be grounds for immediate dismissal and forfeiture of all financial payments.

Applicant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_