

PLEASE INDICATE MAJOR SELECTION

ASSOCIATE DEGREE NURSING PROGRAM (ADN)

FIRST CHOICE ONLY CHOICE

PRACTICAL NURSING PROGRAM (PN)

SECOND CHOICE ONLY CHOICE

HAVE YOU EVER BEEN IN A NURSING PROGRAM AT BCC? ADN PN

HAVE YOU GRADUATED FROM A NURSING PROGRAM AT BCC? ADN PN

*Are you a Provisional Student? No Yes

If **yes**, what prerequisite will you be submitting by the May deadline?

BIO NC Nurse Aide I Registry

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Bladen Community College. I further agree to allow BCC to publish personal information pertaining to honor rolls, scholarships, news releases, and to use personal information in other publications normally considered to be that of a two-year college. All students enrolling in classes at BCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Records & Registration Office by the 10th day of the semester in which initial enrollment is made.

I have read and understand the criteria and procedures to apply for admission to the Nursing Programs at Bladen Community College.

Signature of applicant

Date

Signature of parent or guardian if applicant is under 18 years of age

Date

Admission to any and all educational programs offered by Bladen Community College is made without regard to race, creed, sex, religion, age, disability, or national origin.