Admission Application for Nursing Programs
Western Nebraska Community College

(Application is valid only for the year indicated on the Letter of Intent)

☐ **Associate Degree Nursing (ADN) Program – Traditional Option-Scottsbluff only**

Please print legibly

Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Other name(s) on academic records: _____
Last First Middle

Telephone: (___) _____

Date of birth: _____

E-mail Address: _____

Emergency contact: _____ **Phone:** _____

List the high school you last attended:

High School, GED or Home School	**City**	**State**	**Grad Date**

List all colleges and/or vocational-technical schools previously attended or currently attending.

School	**Degree/Certificate**
School	**Degree/Certificate**
School	**Degree/Certificate**

To the best of my knowledge the information on this form is true and correct. I hereby agree to conform to all regulations in effect during my residence as a student.

Signature: _____ Date: _____

Completed Application can be submitted by email to: lehmkuh7@wncc.edu

For questions please call the Health Sciences Division at 308-635-6060.