

Date Received: _____

By: _____

APPLICATION FOR ADMISSION (INITIAL APPLICATION)
Associate of Applied Science Nursing Program
East Arkansas Community College
(870)633-4480, EXT. 270
(870)-633-7222 (FAX)

Please type or print.

Name: _____
Last First Middle Maiden

Address: _____
Street/P.O. Box City State Zip

Phone: _____
Home Work Cell

Student ID #: _____ Email: _____

Please indicate type of admission sought:

_____ Traditional Track _____ LPN/LPTN Accelerated Track

List all colleges/universities/technical schools attended. It is the student's responsibility to contact **all** of the institutions previously attended and request your OFFICIAL transcript be sent to **BOTH** the **Office of the Registrar and Department of Allied Health Science – Nursing Program**. Please use back of form, if more space is needed.

Note: Each transcript must be sent even if grades are recorded on another transcript. All transcripts must be mailed directly from the institution(s) to be considered official. All requested transcripts/information must be received by the application deadline.

College _____ Dates attended _____

College _____ Dates attended _____

College _____ Dates attended _____

I certify that the above information is accurate. Applicants who misrepresent/omit information from the application form become ineligible for admission or subject to dismissal after admission has been granted.

SIGNATURE _____

DATE: _____