The Nursing Performance-Based Health Science Application Process is a competitive process that recognizes academic achievement. In addition to completing pre-admission requirements, applicants will be accepted based on performance based criteria. Please refer to the following website for more information. http://www.ccri.edu/dean-hrs/

2010 NURSING PERFORMANCE-BASED HEALTH SCIENCE APPLICATION GUIDELINES:

1. An Application for Enrollment at CCRI, including the $20 application fee, must be submitted prior to completing the Performance-Based Health Science Application. (Note: If you have an admission application on file, an additional application is not necessary).

2. All admission requirements for the Nursing Program must be completed before a Performance-Based Health Science Application may be submitted.

3. The Nursing Performance-Based Health Science Application must be submitted to the Office of Enrollment Services during the Open Application Period of January 4 to January 15, 2010. This is a special open application period for students interested in gaining acceptance into the Nursing Program for January 2010. There is no fee required to submit this application.

4. A copy of your Pre-Admission Degree Evaluation must be attached to the Performance-Based Health Science Application. Please refer to the following web site for more information: http://www.ccri.edu/OES/admissions

5. Meeting minimum admission requirements does not guarantee acceptance into the nursing program at CCRI.

6. Please refer to the following web site for current admission guideline sheets that outline the details regarding the nursing program. http://www.ccri.edu/dean-hrs/admiss-docs.shtml

7. All required immunizations for health science programs must be completed before entrance into the programs. Note: Immunization requirements take a minimum of 7 months to complete. Please see the following website for more information. http://www.ccri.edu/dean-hrs/print.shtml

8. If not admitted to the program of choice, students will be informed via MyCCRI Email and must reapply during the next open application period. A waiting list will not be maintained. Please refer to the following websites for more information: http://www.ccri.edu/OES/admissions, http://www.ccri.edu/dean-hrs/

I have read the preceding admission policy and I understand that there are minimum eligibility requirements that must be met and that completion of this application does not guarantee admission into health science programs.

Signature ___________________________ Date ___________________________
2010 CCRI Nursing Performance-Based Health Science Application

Only one nursing program can be checked. A successfully completed degree evaluation must be attached to the application. Instructions on how to obtain a completed degree evaluation are available at http://www.ccri.edu/OES/admissions/

**Associate Degree Programs**

_____ Nursing-Days-Spring 2010
- Lincoln Campus _____
- Newport Campus _____

Last Name ___________________________ First Name ___________________________

Maiden Name ________________________ Middle Initial _________________________

CCRI Student ID Number ______________ Telephone Number ___________________

Street Address ____________________________________________________________

City, State, Zip Code _______________________________________________________

MyCCRI Email Address: _____________________________@ccri.edu

Your MyCCRI email address will be the official means of future communication.

Male _____ Female _____ Date of Birth __________________________

If applicable, please list colleges/universities you have attended:

__________________________________________ Dates attended ____________ - ____________

from (mm/yy) to (mm/yy)

__________________________________________ Dates attended ____________ - ____________

from (mm/yy) to (mm/yy)

__________________________________________ Dates attended ____________ - ____________

from (mm/yy) to (mm/yy)

Have official transcripts been sent to the Office of Enrollment Services? _________

Presently enrolled at CCRI? _________

**SUBMITTING THIS APPLICATION DOES NOT CONSTITUTE ADMISSION TO A PROGRAM**

I affirm that all information on this application is true. I also understand it is fraudulent to misrepresent any information on this form.

Signature ___________________________________ Date ___________________________

International Students are not accepted into health science programs due to the nature of the health science admissions process. For more information, contact the CCRI Office of Enrollment Services.