

**THE ALABAMA COLLEGE SYSTEM  
NURSING PROGRAM APPLICATION**



**I. PERSONAL DATA**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are You Currently Employed? Yes  No  Place of Employment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Are You Employed Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_? Initial Date of Employment: \_\_\_\_\_

**II. EDUCATION**

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED (if applicable): \_\_\_\_\_ Date of Completed GED: \_\_\_\_\_

Do you currently hold a degree in any field? Yes  No  List degree earned: \_\_\_\_\_

Have you taken courses at this college? Yes  No  List all courses completed.


Have you attended other colleges? Yes  No  If yes, list college attended and degree earned if applicable.

Name of College	City and State	Degree Earned

Have you previously been admitted to this nursing program? Yes  No  If yes, state reason for withdrawal.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been enrolled in another nursing program? Yes  No  If yes, give the name of the school attended and reason for withdrawal. **IMPORTANT:** Dean/Director of previous nursing program must provide a letter of eligibility for progression in previous program to NACC Director of Nursing Education, Mrs. Jane Hopson at [hopsonj@nacc.edu](mailto:hopsonj@nacc.edu). Letter must be on file by application deadline (March 1<sup>st</sup>), or application will be considered **incomplete**.

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Have you taken the ACT? Yes  No  A minimum score of 18 is required.

**I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand this application must be updated if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.**

**MINIMUM ADMISSION STANDARDS INCLUDE:**

- Unconditional admission to Northeast Alabama Community College.
- Good standing status with Northeast Alabama Community College.
- Application submitted for admission to nursing program before/by the published deadline.
- Provide **ALL** transcripts from other colleges attended to the Admissions Office.
- Complete application for the nursing program by **MARCH 1<sup>st</sup>**.
- Minimum 2.5 GPA for nursing required academic core courses.
- Minimum 2.5 cumulative GPA for current high school students without prior college work (GED acceptable).
- Eligibility for Biology 201, English 101, and Math 100.
- Ability to meet the essential function standards required for nursing.
- Grade of “C” or better in all academic courses.
- Minimum of 18 ACT composite score National or Residual.

**Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Date received by the Nursing Department: \_\_\_\_\_ Initials: \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE ON FILE IN THE NURSING DEPARTMENT NO LATER THAN MARCH 1<sup>ST</sup>. A HIGH SCHOOL TRANSCRIPT AND ANY ADDITIONAL COLLEGE TRANSCRIPTS MUST BE ON FILE IN THE ADMISSIONS OFFICE BY PUBLISHED DEADLINE. IT IS RECOMMENDED THAT YOU CHECK TO SEE IF YOUR FILE IS COMPLETE PRIOR TO THE DEADLINE. CALL (256) 228-6001 OR (256) 638-4418 EXT. 2216.**

Please return to:

**Northeast Alabama Community College  
Nursing Program  
P. O. Box 159  
138 Alabama Highway 35  
Rainsville, Alabama 35986**