



Remit to: Central Wyoming College  
 Nursing Department  
 2660 Peck Avenue  
 Riverton, WY 82501

# NURSING ADMISSION APPLICATION

Associate of Applied Science

(307) 855-2226 Phone  
 (307) 855-2099 Fax  
 www.cwc.edu

The Nursing Admission Application **must be received in the Nursing office by March 1<sup>st</sup>** for admission into the fall semester. Late applications will not be reviewed. Applications can be faxed or mailed to the address listed above.

Please Type or Print

Semester/Year Applying For: **FALL** \_\_\_\_\_  
 (Year)

1. Personal Information

Last	First	Middle	Preferred Name (if different)
Social Security Number	Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	CWC ID (office use)	

2. Contact Information (Please specify where you receive mail)

Street or PO Box	City	State	Zip Code
Primary Phone (    )	Alternate Phone (    )	E-Mail Address	
Emergency Contact Name	Relationship	Emergency Contact Telephone (    )	
Emergency Contact Address (Street, City, State, Zip Code)			

3. Please check one of the following. I am applying for admission to the Nursing Program located in:

- Riverton, WY (main campus)
- Jackson Hole, WY (distant site)
- Either the Riverton or the Jackson Hole site, with a preference in \_\_\_\_\_

4. Are you currently a high school senior or have you been out of high school for less than one year?

- NO
- YES    If yes, you must make arrangements for your high school transcripts (or partial transcripts) and ACT scores to be sent to the college prior to the March 1<sup>st</sup> application deadline.

5. Are you currently a Licensed Practical Nurse (LPN)?

- NO
- YES    LPNs have the option of applying for advanced placement in the Nursing Program. You must contact the Nursing office at the college if you wish to be considered for advanced placement; otherwise, you will be considered for entry into the first semester of the RN program.

6. List all colleges and universities attended. It is the applicant's responsibility to see that **official** transcripts are sent to the Records office at CWC. Applicants must also submit a *Request for Transcript Evaluation* form to the Records office. Transcripts must be postmarked or received on or before the March 1<sup>st</sup> application deadline. This does *not* include transcripts for coursework completed at CWC.

NAME OF COLLEGE	CITY AND STATE

I certify that the statements included on this application are correct and authorize the Nursing Admission Committee permission to seek verification of the information provided. Knowingly submitting false information may be cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_