



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

NURSING ADMISSION APPLICATION

Associate of Applied Science

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

The Nursing Admission Application **must be received in the nursing office prior to March 1** for admission in the fall semester. Late applications will not be accepted. Applications can be faxed or mailed to the address listed above.

Please print

YEAR APPLYING FOR: 20 _____

I. 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)	

II. Contact Information (specify where you receive mail)

Street or PO Box Number	City	State	Zip Code
Primary Phone ()	Alternate Phone ()	Email Address	
Emergency Contact Name	Relationship	Emergency Contact Phone ()	
Emergency Contact Address (Street, City, State, Zip Code)			

III. Please check only 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 Riverton or Jackson Hole, with a preference in _____

Each year 32 students are accepted to the program in Riverton and 8 students are selected for the Jackson Hole site.

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

- NO
- YES LPN's have the option of applying for advanced placement in the nursing program. Contact the assistant director of nursing if you wish to be considered for advanced placement.

V. Applicants are required to take the TEAS V admission assessment. Scores must be electronically submitted to CWC by ATI testing prior to the March 1 application deadline. Contact the nursing office or visit the web for more information.

VI. Applicants are strongly encouraged to complete the scholarship application prior to the March 1 deadline for the upcoming academic year. This is important in the event you are selected for entry into the program. The scholarship application can be completed online and is generally available between November 1 and March 1. Contact the financial aid office for more information.

VII. List all colleges and universities attended. It is the applicant's responsibility to see that **official transcripts are sent directly to the records office at CWC. This does not, however, include transcripts for courses completed at CWC.**

NAME OF COLLEGE	CITY AND STATE

I certify that the statements included on this application are true 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 _____

Consistent with its mission to value diversity and to treat all individuals with dignity and respect, CWC does not discriminate on the basis of race, color, national origin, ancestry, sex, age, religion, or disability in admission or access to, or treatment or employment in its educational program services or activities.