

NURSING EDUCATION
DEL MAR COLLEGE
101 BALDWIN, CORPUS CHRISTI, TEXAS 78404

APPLICATION FOR ADMISSION

Social Security No. _____

Name _____ / _____ / _____ / _____
Last First Middle Maiden

Address _____ (____) _____
No. / Street City / State / Zip Phone No.

Name & Phone No. of person to be notified in case of emergency:

Colleges: 1. _____ 2. _____
3. _____ 4. _____

Please provide nursing department with a copy of transcript(s). Official transcripts MUST be turned in to the Admissions Office along with a current application to the College.

Are you currently enrolled in college? No Yes Institution _____

Have you taken the ACT, SAT, or THEA test? No Yes Date _____ Place _____

Have you taken the HESI A2 Exam? No Yes

Have you attended any nursing program? No Yes If yes, please answer the following:

Name & Address of Nursing School attended: _____

Professional _____ Vocational/Practical _____

Reason for withdrawal _____

Indicate any nursing related or health care experience _____

List two references (not relatives), address & phone numbers. One must be your current/last employer.

1. _____ 2. _____

I, _____, understand the admission requirements and deadlines for the Department of Nursing Education as explained in the orientation session (required) completed on _____. I further understand that the Program requires licensure at its completion. I understand that I must pass a background check & drug screen from a college approved source prior to acceptance to the program. The Board of Nurse Examiners for the State of Texas may deny licensure for the following: a history of criminal convictions/adjudication, mental illness, or chemical dependency.

Signature _____ Date _____

I certify that the above statements are true and correct. I understand this information is confidential and will be held in the strictest of confidence by the nursing department.

Signature _____ Date _____

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason.

Check One	
<input type="checkbox"/> On Campus	<input type="checkbox"/> e-Line
<input type="checkbox"/> LVN-ADN Bridge	<input type="checkbox"/> e-Line Bridge
<input type="checkbox"/> DMC VN	<input type="checkbox"/> Transfer
Desired Date of Entry _____	