

FALL 2018 Selective Admissions Nursing Application

Submission Deadline: January 29, 2018



Personal Information

HFC I.D. Number: _____ DOB: _____ Hawkmail address: _____

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: () _____ Cell Phone: () _____

Educational Background

High School (*last attended*): _____ City: _____ State _____

High School Graduation Date: _____ GED Completion Date: _____

List below all colleges and universities attended other than Henry Ford College. List most recent first.

<u>Name of Institution</u>	<u>City & State</u>	<u>Dates of Attendance</u>	<u>Degree Earned</u>

I certify that my responses are true to the best of my knowledge. I understand the policies and procedures published in the College Catalog, Schedule of Classes, and on the website (www.hfcc.edu) are the official source of information for Henry Ford College.

Signature

Today's Date

Submit application with supporting documents in person at Nursing Application Submission Sessions, Jan. 22, 2018, 8-11 A.M. AND 1- 4 p.m., OR Jan. 29, 2018, 1 - 4 P.M. at the HFC School of Nursing, 3601 Schaefer Road, Dearborn MI 48126

FOR OFFICE USE ONLY							
COURSE	GRADE	SEMESTER/YEAR COMPLETED	HFC OR TRANSFER	COURSE	GRADE	SEMESTER/YEAR COMPLETED	HFC OR TRANSFER
BIO 233				BIO 234			
ENG 131				ENG 132			
PSY 131				SOC 131			
MATH 115, 131, 141, 175, or 180							
HCS 131/CIS 100							



LPN to RN Program Verification of Employment

Applicants to the Advancement of LPNs to RNs Program must provide proof of a total of 2000 hours of work experience as a Licensed Practical Nurse (LPN). Students must submit the completed form with their application and may use more than one verification form if multiple employers are needed to document the 2000 hours.

STUDENT COMPLETES THIS SECTION

First Name

Last Name

HFC Student ID#

Student Signature

Date

EMPLOYER COMPLETES THIS SECTION

Employer Name

Employer Address

Supervisor Contact Information

Student Dates of Employment **FROM:**

TO:

Number of Hours Worked in LPN Capacity

Please Describe the Nature of the Worked Performed (attach a separate page if more space is needed)

Employer Signature

Print Name/Title

Date