



**Nursing Program Application**

*Completed applications must be received by Nursing between February 1<sup>st</sup> and April 15<sup>th</sup> for Fall and between August 1<sup>st</sup> and October 15<sup>th</sup> for Spring.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ RCC ID #: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ PO Box #: \_\_\_\_\_  
(Street)

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

Phone: \_\_\_\_\_  
(Home) (Cell)

RCC email: \_\_\_\_\_@sunyrockland.edu

I am applying for: (choose one)

- Nursing Admission
- OR**
- LPN Pathway to RN:
- I have attached a copy of my LPN license.

I have attached: (required)

- ATI TEAS score report (Must be dated within one year of application deadline date.)

I am applying for: (choose one)

- day clinicals
- evening clinicals

I am applying as a: (choose one)

- full-time student
- part-time student

**Demographic Data:** (optional)

- Gender:**  female  male  not identified
- Race:**  Asian American  Black/African American  Hispanic/Latino  
 Native American and Alaskan Native  Native Hawaiian/Pacific Islander  
 White  two or more races  unknown

- Highest degree currently held:**  Associate degree  
 Bachelor's degree  
 Master's degree  
 Doctoral degree

**Completed applications may be mailed to:  
Rockland Community College, Nursing, 145 College Road, Suffern, NY, 10901.**

**Applications that are emailed or faxed will not be accepted.  
Incomplete applications will not be processed.**