APPLICATION FOR SELECTION TO GENERIC ASSOCIATE DEGREE NURSING PROGRAM

HINDS COMMUNITY COLLEGE

1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4807



Student I. D. Number ______(or Last Four Digits of Social Security Number)_____

Home Telephone No. _____ Cell Phone No. _____

Date of Birth _____

Note: Deadline for file completion for Spring class – September 30th at the Nursing/Allied Health Center. Applications for Fall at Rankin and Nursing/Allied Health Center will be available January 1 and close March 15 with all admissions criteria due by March 15.

INSTRUCTIONS

- A. Complete this form (PLEASE TYPE OR PRINT) and return to \rightarrow
- B. Request the registrar of each high school and college (except Hinds CC) you have attended to forward an original transcript from that institution to →
 C. All notifications concerning admissions to the program will be made by mail

Associate Degree Nursing Program, Office of Admissions Nursing/Allied Health Center 1750 Chadwick Dr. Jackson, MS 39204-3490

PERSONAL DATA

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and/or email.

Name						
First	Middle		Maiden			Last
Mailing Address	3					
	Street No. / P.O. Box / Ro	oute	City	City State		Zip
Physical Addres	SS					
	Street No. / Route	City		State		Zip
Personal E-mai	l address	and/or School E-mail address				
EDUCATION	AL DATA					
1. List all colleges and professional schools Name of School Cit				Did you graduate?		Dates attended
				🗖 Yes	🗖 No	to mo/year mo/year
				Yes	🗖 No	to mo/year mo/year
				🗖 Yes	🗖 No	to mo/year mo/year
				Tes	🗖 No	to mo/year mo/year

Notes: (1) Students must satisfy a criminal background check. Individuals who have been convicted, pleaded guilty or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility in Mississippi. In addition, other felony and some misdemeanor charges may disqualify the student from participating in clinical experiences. This includes, but is not limited to most felony charges, patterns of criminal charges, criminal charges within the past five years, no dispensation of charges, and pending charges. (2) Students are subject to random drug screens after admission.

I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment.

Signature

Date

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: EEOC Compliance: Sherry Franklin, Vice President of Instruction/Carere & Technical Education, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindscc.edu. Title IX: DeAndre House, Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.887.3353 or Email: Title/W@hindscc.edu.