

# 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 30<sup>th</sup> 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→
- 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 and/or email.

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

## PERSONAL DATA

Name \_\_\_\_\_  
First
Middle
Maiden
Last

Mailing Address \_\_\_\_\_  
Street No. / P.O. Box / Route
City
State
Zip

Physical Address \_\_\_\_\_  
Street No. / Route
City
State
Zip

Personal E-mail address \_\_\_\_\_ and/or School E-mail address \_\_\_\_\_

## EDUCATIONAL DATA

1. List all colleges and professional schools attended.

Name of School	City and State	Did you graduate?	Dates attended
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_