



For Program Commencing **Fall** _____

Application for Olympic College Associate Degree Nursing Program (ADN)

Submit application to:

In Person: Office of Admissions | Building 4, 1 | Records and Registration Counter
Mail: Olympic College | Office of Admissions Attn: ADN | 1600 Chester Ave. | Bremerton, WA 98337-1699
E-Mail: SelectiveAdmissions@olympic.edu
 Applications may be submitted when currently attending final prerequisite course, excluding BIOL& 242.

TYPE OR PRINT IN INK

New Applicant
 Rollover Applicant
 Re-Entry Applicant

Acceptance to the Associate Degree Nursing Program is determined on the basis of requirements listed in the most current Olympic College catalog. Admission to Olympic College DOES NOT guarantee acceptance to the Associate Degree Nursing Program. Application to the Associate Degree Nursing Program is a separate procedure in addition to the application to Olympic College. Please refer to the Associate Degree Nursing Program Application Packet for forms

ADN admission criteria. Legal Name (last name) (first name) (middle)	CTC ID#
Address: Number Street/P.O. Box Apt#	Previous Name(s)
City, State, Zip Daytime Phone (include area code)	Email
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth

For each of the required prerequisite and support courses, indicate the grade earned and the year and quarter completed. If you have not yet completed the requirement, leave blank, or indicate "IN PROGRESS".

Applications are accepted during the quarter in which you are completing your LAST prerequisite.

Prerequisites (Minimum Grade 2.0)			Support Courses (Minimum Grade 2.0)		
Course	Grade	Year/Quarter	Course	Grade	Year/Quarter
ENGL&101			BIOL&260**		
CHEM&121			PSYC&100 OR 102**		
BIOL&241			ENGL&102**		
BIOL&242/**			College Math other than statistics		
			ACCUPLACER Reading Comprehension Score (minimum score 260. Please include score sheet with application)		

*Completion by March 31 is not required for application, however completion is required by end of spring quarter 2019

** In order to receive factoring points, courses must be completed prior to the application deadline

- Check if you are currently attending OC
- Check if you have previously attended other ADN programs and list the information on the following page.

MANDATORY: all applicants must answer this question

Have you ever had any legal charge or conviction? Yes No

If yes, please indicate nature of charge and final disposition on a separate sheet of paper.

Note: Nursing Care Quality Assurance Commission (DOH) may deny licensure based on legal or ethical grounds.

Please initial to acknowledge that you have read the following statement:

Failure to list all schools as indicated below and to submit ALL official sealed transcripts by the application deadline will make your application ineligible.

Initials

List **ALL** colleges, technical schools, and universities attended (including AP coursework taken in high school), in the order of attendance, regardless if the courses/transcripts are applicable to your nursing application. **Official Transcripts** must be submitted to the Office of Admissions at Olympic College for **ALL** schools listed below. (No omissions. Attach a separate sheet if necessary).

Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated Yes _____ Yr _____ No _____

FINAL APPLICATION CHECKLIST: All documentation must be submitted on or before March 31

	Signed Associate Degree Nursing Application
	Answered mandatory question regarding legal charge or conviction
	Initialed both statements of acknowledgement
	One OFFICIAL sealed transcript from EACH previous academic institution sent to the Admissions Office
	Transcript Evaluation Request submitted with application for all in-state and out-of-state schools (If applicable)
	Course review completed for Chemistry, Biology (including Microbiology) courses (If applicable)
	Official copy of Accuplacer Reading Comprehension scores submitted with application
	Confirm completion and receipt of application directly with at the Office of Admissions, Selective Admissions (selectiveadmissions@olympic.edu)

I HEREBY CERTIFY that to the best of my knowledge all of the above is true and correct. **If fraud is found**, I will be dismissed from Olympic College and the Olympic College Associate Degree Nursing program
I ACKNOWLEDGE that it **is my responsibility** to submit a completed application and supporting documents, and that failure to do so **may render my application INELIGIBLE** for the current year. **All application materials** become the property of Olympic College. **The college is NOT responsible for email or FAX error.**
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

 Signature

 Date

Application 2021

Transcript Evaluation Request



IMPORTANT INFORMATION, PLEASE READ:

- Submit completed form to Registration and Records, Ranger Station, Building 4-105 or to evaluators@olympic.edu.
- **To be eligible for evaluation:**
 - ✓ **ALL OFFICIAL TRANSCRIPTS** listed on this form must be received by Ranger Station (Registration & Records.)
Note: All transcripts **MUST** be received within a year of the date of this form; otherwise, the request will be canceled.
 - ✓ Requests will be processed after tenth instructional day of the quarter, and completion could take up to 8-10 weeks.
 - ✓ Students must be registered for their first quarter of attendance or previously enrolled at OC.
- **Veterans:** Failure to list **ALL** schools attended will delay your evaluation and temporarily affect delivery of benefits.
- **Official Transcripts**
 - ✓ Students are required to submit official, sealed (unopened) transcripts of all colleges, universities, or military training in support of this request.
 - ✓ Send to Olympic College, Registration and Records, 1600 Chester Ave., Bremerton, WA 98337 or electronic transcripts to evaluators@olympic.edu.

I have read and understand the instructions of this request. Please initial. _____ Date: _____

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ **Previous Name (if applicable):** _____

ctcLink ID: _____ **Birthdate:** _____ **Phone:** _____

Email: All communication regarding this form will be emailed to the preferred email listed on your [Student Self-Service](#) portal. Please check or update your email address there.

EDUCATIONAL GOALS AT OLYMPIC COLLEGE (Check all that apply)

- Associate in Arts - Direct Transfer Agreement (DTA) _____
- Associate of Science (list track and program) _____
- Associate of Applied Science - Transfer (list program) _____
- Associate in Applied Science (list program) _____
- Associate in Technical Arts (list program) _____
- Associate in General Studies _____
- Bachelor's Degree (list program) _____
- Certificate (list program) _____

LIST ALL COLLEGES / UNIVERSITIES/MILITARY SCHOOLS ATTENDED PREVIOUSLY

If you have more schools to list, please send an email or add another page.

Your signature indicates approval and permission for Olympic College to make inquiries (if necessary) to the colleges/universities listed above regarding transcript and course information. This MAY require Olympic College to use your Social Security number and/or birthdate as identifiers.

Signature: _____ **Advisor Copy (optional):** _____

Olympic College | Enrollment Services | Registration and Records | Credentials Evaluator
1600 Chester Ave, Bremerton, WA 98337
olympic.edu

FOR OFFICE USE ONLY: Eligible for Evaluation: ER EP Notes: _____ Request Received Date: _____ Queue Date: _____ Evaluator Notes: _____
--