



1600 Chester Ave. | Bremerton, WA 98337-1699

APPLICATION FOR ADMISSION
Practical Nursing
Deadline: August 31

Submit application to:

In Person: Office of Admissions | Humanities and Student Services | Records and Registration Counter
 Mail: Olympic College |Office of Admissions Attn:PN | 1600 Chester Ave. | Bremerton, WA 98337-1699

For Program Commencing Winter _____ Mason County Residents Check Here:

Check One:

New Student Re-entry student Rollover Applicant

TYPE OR PRINT IN INK

Acceptance to the Practical 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 Practical Nursing Program. Application to the Practical Nursing Program is a separate procedure in addition to the application to Olympic College. Please refer to the Practical Nursing Program Application Packet for forms and admission criteria.			
Legal Name (last name)	(first name)	(middle)	Student 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			Support Courses		
Course	Grade	Year/Quarter	Course	Grade	Year/Quarter
BIOL& 241			ENGL&102**		
BIOL& 242			NURSE118 or NUTR& 101**		
ENGL& 101					
PSYC& 100			* Completion by August 31 is not required for application, however completion is required by end of fall quarter.		
NURSE151*			** In order to receive factoring points, courses must be completed prior to the application deadline.		
NURSE152*			WA State NAC Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCUPLACER Reading Comprehension Score			<i>Expiration date(if applicable)</i>		

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 August 31 application deadline will make your application ineligible.			<i>Initials</i>
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. You are NOT required to submit OC transcripts. (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 <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From To Year Year	Graduated <input type="checkbox"/> Yes, Yr _____ <input type="checkbox"/> No

FINAL APPLICATION CHECKLIST: All documentation must be submitted on or before August 31	
	Signed Practical Nursing Application (p. 13-14)
	Answered mandatory question regarding legal charge or conviction
	Initialed statement of acknowledgement
	One OFFICIAL sealed transcript from EACH previous academic institution sent to the Admissions Office (p.5)
	Transcript Evaluation Request submitted with application for all in-state and out-of-state schools (p.15) (If applicable)
	Washington State NAC License verification (if applicable)
	Official copy of Accuplacer Reading Comprehension scores submitted with application
	Confirm completion and receipt of application directly with Jill Seid at the Office of 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 Practical 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

Transcript Evaluation Request - Nursing

Instructions:

- (1) Students may submit this request form as soon as they have registered for classes in their first quarter of attendance, or have been enrolled previously at OC, OR have submitted a completed nursing application.
- (2) Requests for evaluations cannot be processed until after the tenth instructional day of the quarter. OR upon submitting a completed nursing application.

Name _____ **Date of request** _____
SID# _____ **Birth date** _____
Telephone number _____ **Previous names** _____

PLEASE NOTE: When completed, evaluation notification will **ONLY** be e-mailed to your OC e-mail account.

EDUCATIONAL GOALS AT OLYMPIC COLLEGE

Certificate (list program) Practical Nursing

LIST ALL COLLEGES / UNIVERSITIES/MILITARY SCHOOLS ATTENDED PREVIOUSLY

Veterans

- Failure to list **ALL** schools attended will delay your evaluation and temporarily effect delivery of benefits.

Transcripts

- Students are required to submit official, sealed (unopened) transcripts from all colleges, universities, or military training in support of this request.
- Send to:
Evaluations, Registration and Records, Olympic College, 1600 Chester Ave., Bremerton, WA 98337
- Transcripts **MUST** be received by Olympic College within one year of the date on this form or the evaluation request will be cancelled. A new request form will be required.

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: _____ **Date:** _____

<i>For office use only</i>	
<i>Eligible for evaluation</i> _____	<i>Queue date</i> _____
<i>Problems</i> _____	