

| Date Received in ADN Office |
|--------------------------------|
| |
| Signature of ADN Faculty/Staff |

Navarro College Associate Degree Nursing Program 1900 John Arden Drive, Waxahachie, TX 75165

Nursing Application for Admission Application must be typed. Handwritten applications will not be considered.

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| PROGRAM ENTRY | | | | | | |
| (Summer I) LVN to RN Bridge Entry Application Deadline: January 13, 2023 (Postmark or delivery date) | | | (Fall) Traditional ADN Entry | | | |
| LVN License Number: | | _ | | | | |
| Exp. Date: | | | | | | |
| DEMOGRAPHIC INFORMATION | | | | | | |
| Last Name | First Name Middle Name (not initial) | | | | e (not initial) | |
| Alias(es) / other names which may appear on your academic or background records. | | | | | | |
| Social Security Number | Navarro College Student ID Number | | Driver's License Number | | | |
| Navarro College Student Email | | | Personal Email | | | |
| Mailing Address: Street | City | | | State | Zip Code | |
| County you live in | | | Are you a U.S. Cit | tizen? Yes | No | |
| Cell Phone Number | II Phone Number | | Home Phone Number | | | |
| LIST ALL COLLEGES ATTENDED, INCLUDING NAVARRO COLLEGE AND CURRENT ENROLLMENT | | | | | | |
| Name of College/University | City, State | | ates of Attendance | Hours or Degree | | |
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| WERE YOU PREVIOUSLY ENROLLED IN AN ADN OR BSN PROGRAM? IF YES, INDICATE YEAR(S) ENROLLED AND NAME OF NURING PROGRAM. | | | | | | |
| | | | | | | |
| Note: If you qualify for admission, you | ır name, birth date, and | l soci | al security number wil | ll be sent to the Texas B | oard of Nursing. | |
| SIGNATURF [.] | | DA | JTF: | Trad | itional Bridge | |