

**Application
deadline dates:**

- RN - April 1
- LPN - Sept. 1
- Transition: LPN/HCP - Oct. 1



St. Clair County Community College
Nursing Program Application

FOR OFFICE USE ONLY
S. No.
Date received
Receipt #

SECTION I

Name _____
LAST FIRST NICKNAME MIDDLE MAIDEN/FORMER (if applicable)

Address _____
NUMBER STREET APT. CITY STATE ZIP

Phone number
Home () _____ - _____ Cell/alternate () _____ - _____ Email _____

Student number or Social Security Number: _____ Birth date ____/____/____
MONTH DAY YEAR

High school graduation year _____

SECTION II

Please indicate the nursing program for which you are applying.

INTENDED SEMESTER
READY FOR
NURSING PROGRAM

RN - Associate Degree (AASRN) (begins fall semester - August) Fall 20____

LPN - Practical Nursing Certificate (CERLP) (begins winter semester - January) Winter 20____

Transition Nursing - Associate Degree (AASNT) (begins winter semester - January) Winter 20____

See catalog for criteria (LPN or Licensed Health Care Provider)

I prefer (choose one) On-campus Online program

*Please attach a copy of your LPN or Paramedic licensure to this application.

- You may select **one** program only per application; apply to only one nursing program at a time.
- There is a \$25 non-refundable fee per application (for **each** Nursing, or Allied Health program). Admission to your selected program(s) is not guaranteed.
- You must complete a new application each year to each program for which you are applying. The \$25 fee **per application** is applicable each year.

SECTION III

Applicant's signature: _____ Date: ____/____/____
MONTH DAY YEAR

Please return application and check payable to:

St. Clair County Community College
Enrollment Services
SC4 Welcome Center, first floor
323 Erie St., P.O. Box 5015
Port Huron, MI 48061-5015

*All returned checks will incur a \$32 returned check fee, which will be due in addition to the \$25 application fee.

I have attended SC4 within the last two years.
(If you have never attended SC4, or if it has been more than two years since you last attended, apply online at www.sc4.edu/apply.)

Have you ever applied to any SC4 allied health program in the past?

Yes, year _____ No

Program _____

Your Nursing Program application will be returned to you if:

- You don't have a current application for admission on file.
- You didn't include your \$25 application fee (per application).

IMPORTANT:

Official transcripts from all previously attended institutions must be submitted to the Records office by your nursing program's application deadline date.