

TRINITAS SCHOOL OF NURSING

Consideration for LPN to RN Enrollment Form

IMPORTANT: Attach an unofficial copy of your Union County College transcript showing courses completed/transferred
Please print clearly or type

APPLICANT INFORMATION									
Last Name		First			MI	Date			
Street Address						Apartment/Unit #			
City				State		ZIP			
Phone				UCC Owl E-mail:					
Fall Semester Requested				Student ID No.		GPA			
Are you currently attending Union County College?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you attending another college?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are not currently attending Union County College, have you applied?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			

You may attach additional sheets if needed.

EDUCATION									
High School or GED						City/State			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
LPN School						City/State			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State licensed as LPN & Expiration Date		
College						City/State			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Have you completed all ESL and developmental courses (i.e., ENG 089; MAT 016)							YES	NO	
PRE-REQUISITE COURSES	GRADE	COURSES	GRADE	COURSE	GRADE	TRANSFERRED COURSES			
BIO 105		ENG 101		Humanities- Gen Ed. (3c)					
BIO 106		ENG 102		Humanities –Gen Ed. (3c)					
BIO 108		PSY 101							
CHEM 105(Catalog year before 2014)		PSY 204							
CHEM 114 (Catalog year 2014)		SOC 101							

*Grades of C or higher are required in all lab sciences.

Trinitas School of Nursing Information Session date of attendance:	
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Have you ever been enrolled in Trinitas School of Nursing?	(Please circle) Yes or No	Semester Completed: _____ Grade: _____
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DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this consideration form leads to enrollment, I understand that false or misleading information in this form may result in my dismissal from the Program.	
Signature	Date