

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 Education(6 c)			
BIO 106			ENG 102						
BIO 108			PSY 101						
CHEM 114			PSY 204						
			SOC 101			Have you attended an Information Session? (Circle) Yes No			

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

Have you ever been enrolled in Trinitas School of Nursing	(Circle) Yes or No	If yes, 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