

**Office use only**  
Date received \_\_\_\_\_  
Initials \_\_\_\_\_

I understand that I am applying for the Spring (January) 2025 Practical Nursing program to be held on the Brown Campus in Mt. Orab.

**PLEASE USE INK AND PRINT.** Notifications will be sent via the SSCC email address indicated below; all students will receive a response. Notify the Nursing Department of any changes after submission.

Name \_\_\_\_\_  
(Last) (First) (Middle) (Other names used)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

SSCC Email address (print legibly) \_\_\_\_\_  
*We are not responsible for illegible or incorrect email addresses. A response may not be received by student.*

SS# or ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School/GED \_\_\_\_\_ Graduation date/GED date \_\_\_\_\_

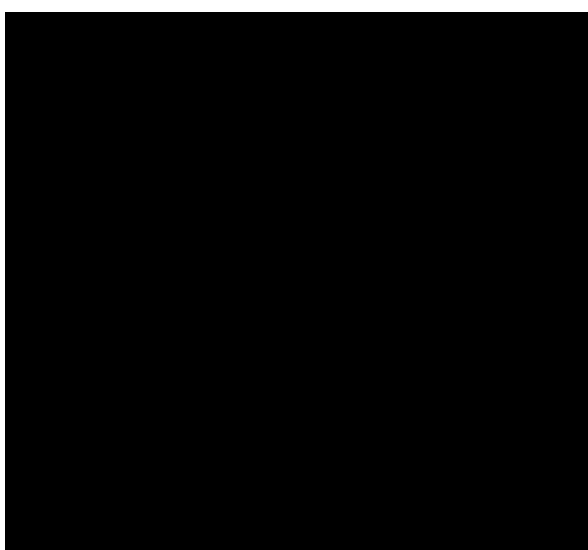
List any Colleges or Post Secondary Schools Attended (regardless of relevance to nursing)  
\_\_\_\_\_  
\_\_\_\_\_

List any healthcare work experience \_\_\_\_\_  
\_\_\_\_\_

Have you attended any NRSG, NURS (other than 1107) or PRAC classes at SSCC previously? \_\_\_ Yes \_\_\_ No  
If yes, you must also complete a Nursing Program Reentry Application, available from the Nursing Office.

Have you tested or trained as a nursing assistant? \_\_\_ Yes \_\_\_ No

Why do you believe you would be successful in the Nursing program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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