

Copper Mountain College

REGISTERED NURSING PROGRAM APPLICATION FOR ADMISSION

Application Period: November It through November 15th

Last Name:	First Name:		SSN_	
Street Address	City	State		Zip
Mailing Address (if different from above)	City	State		Zip
Other names used (including maiden):				
Home Phone #	E-mail:			
Cell Phone #	Birthdate: / /			
	Birthplace: City	State		Country
Are you disabled? ☐ Yes ☐ No				
Do you require accommodation? ☐ Yes ☐ No ☐ If yes, explain:				
Are you a US Citizen? ☐ Yes ☐ No If no, indicate Alien Status:				
Have you ever been enrolled in an RN Program? College: Mailing Address: Street Address	Program Director:			_
Course(s)/Program completed:				
Have you made formal application for admission to Copper Mountain College? Yes			Yes	No
Have you previously applied to the Registered Nursing Program at Copper Mountain College?		Yes	No	
DOCUMENTS TO BE SUBMITTED WITH APPLICATION: 1. Official transcripts for ALL college coursework.				
Note: Student must meet all requirements of admission posted on RN page of CMC website.				
2. Official high school transcript or official GED certificate and scores.				
I wish to be considered for admission to the Registered Nursing Program. I certify that, to the best of my knowledge, all of the above information is correct. In addition, I assume responsibility for attaching all required documentation to this application prior to submission. I understand that failure to submit a complete application and/or comply with the application deadline automatically disqualifies me.				
Signature of Applicant:		Date:		