



Copper Mountain College

REGISTERED NURSING PROGRAM

APPLICATION FOR GENERIC ADMISSION

Application Period: October 1st through October 31st

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? Yes No If yes, attach official transcripts and complete the following:

College: _____ Program Director: _____

Mailing Address: _____
Street Address City State ZIP

Course(s)/Program completed: _____

Are you a Copper Mountain College student? 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 (including CMC) and post secondary (after high school at a technical school, ROP program etc.).

2. Official high school transcript or official GED transcript.

I wish to be considered for admission to the Registered Nursing Program.

I have read the admission policy at <https://www.cmccd.edu/prospective-students/health-sciences/> and understand the requirements for admission to the Copper Mountain College Registered Nursing Program.

I understand that failure to submit a complete application and/or comply with the application deadline automatically disqualifies me.

Signature of Applicant: _____

Date: _____