



Copper Mountain College

VOCATIONAL NURSING PROGRAM APPLICATION FOR ADMISSION

Application Period: February 1st through February 28th

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 # _____		CMC E-mail: _____			
Birthdate: ____ / ____ / ____					
Birthplace: _____		City _____		State _____ Country _____	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you require accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate Alien Status: _____					
Have you ever been enrolled in a VN Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach official transcripts and complete the following:					
College: _____		Program Director: _____			
Mailing Address: _____					
Street Address _____		City _____		State _____ ZIP _____	
Course(s)/Program completed: _____					
Have you made formal application for admission to Copper Mountain College?				Yes No	
Have you previously applied to the Vocational Nursing Program at Copper Mountain College?				Yes No	
DOCUMENTS TO BE SUBMITTED WITH APPLICATION:					
1. Official high school transcript or official GED Certificate and scores.					
2. Official transcripts for ALL college coursework.					
<i>Note: Student must achieve a grade of 'B' or better in all prerequisite courses and demonstrate ≥ 2.75 cumulative GPA).</i>					
I wish to be considered for admission to the Vocational 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 comply with the deadline automatically disqualifies me.					
Signature of Applicant: _____				Date: _____	