Admission Application for Nursing Programs Western Nebraska Community College (Application is valid only for the year indicated on the Letter of Intent)

☐ Associate Degree Nursing (ADN) Program – Please print leg		al Option-Scottsblu	ff only
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Legal Name:Last	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	_
Last	First		Middle	
Mailing Address:			G()	7.
Street	City		State	Zip
Other name(s) on academic records:	T and	F:4	NA: 1 31 -	
Telephone: ()	Last	First	Middle	
Date of birth:				
E-mail Address:				-
Emergency contact:	Phone:			
List the high school you last attended:				
High School, GED or Home School	City	State	Grad Date	
List all colleges and/or vocational-tech attending.	nical schools	previously a	ttended or currently	,
School	Degree/Certificate			
School	Degree/Certificate			
School	Degre	e/Certificate	.	
To the best of my knowledge the information conform to all regulations in effect during				gree to
Signature:	Date:			
Completed Application can be submit	ted by email t	o: <u>lehmkuh'</u>	7@wncc.edu	

For questions please call the Health Sciences Division at 308-635-6060.