KILGORE COLLEGE
ASSOCIATE DEGREE NURSING (R.N.) PROGRAM
APPLICATION

Deadline is **October 15** for Spring Admission and **March 15** for the Fall Admission.
Application to Kilgore College is required before completion of the nursing application. **www.kilgore.edu/admissions**

STUDENT IS APPLYING FOR: Fall ____ Spring ____ _____ RN Program
Year Year _____ LVN to RN Track

PLEASE PRINT OR TYPE: SS# _____ Email# _____

NAME: _____
Last First Middle/Maiden (Any other name(s) records may appear)
ADDRESS: _____
City State Zip Code
HOME #: _____ **CELL #:** _____ **BUSINESS #:** _____

Are you currently enrolled in college? ____ yes ____ no. If yes, where? _____
Please provide the name(s) and attendance dates of all previously attended colleges
_____
Have you ever been accepted into a nursing program? ___yes ___no If yes, where/when_____
Do you hold any health related license(s) or certificates? _____ yes _____ no.
If yes, list licensure number and explain. _____

Please check below:

Courses:	Description:	A	B	C	Currently Enrolled
SPCH 1318/1315/1321	**Interpersonal, Public Speaking**				
PHIL 1301/Humanities	**Introduction to Philosophy**				
CHEM 1406 or 1411	**Introduction or General Chemistry**				
ENGL 1301	**English Composition I**				
BIOL 2401	**Anatomy & Physiology I**				
PSYC 2301	**Introduction or General**				
HECO or BIOL 1322	**Nutrition**				
PSYC 2314	**Developmental Psychology- LifeSpan**				
BIOL 2402	**Anatomy & Physiology II**				
BIOL 2421 or 2420	**Microbiology**				

Have you taken the TEAS-V (Nurse Entrance Test)? _____ yes _____ no.
If yes, please give the name under which the TEAS-V scores are listed_____
Have you given the official transcripts to Ebony Allison-Dennis, Health Science Counselor (903-983-8184)
You are required to view your grades at www.kilgore.edu. - Campus Connect – ID # + Pin # (month & day of birth)

RETURN TO:

ASSOCIATE DEGREE NURSING PROGRAM
1100 BROADWAY
KILGORE TX 75662
PLEASE READ AND SIGN THE FOLLOWING:

Kilgore College does not discriminate on the basis of race, color, religion, national origin, sex, handicap, marital status, or veteran status. I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the college.

Signature of Applicant **Date**

_____ _____