



## DIVISION OF NURSING

### APPLICATION FOR ADMISSION TO THE DIVISION OF NURSING

PLEASE INDICATE THE CAMPUS ON WHICH YOU COMPLETED  
GENERAL EDUCATION REQUIREMENTS FOR NURSING:

\_\_\_\_\_ SOUTH GEORGIA COLLEGE \_\_\_\_\_ WAYCROSS COLLEGE \_\_\_\_\_ OTHER

PLEASE INDICATE THE CAMPUS ON WHICH YOU WISH TO ENROLL IN NURSING CLASSES:

\_\_\_\_\_ South Georgia College \_\_\_\_\_ Waycross College

DO YOU HOLD A HEALTH RELATED LICENSE?  Yes  No

LPN \_\_\_\_\_ DATE COMPLETED LPN PROGRAM \_\_\_\_\_ EMT \_\_\_\_\_ PARAMEDIC \_\_\_\_\_ OTHER \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*DATE OF BIRTH (month/day/year) \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ Married \_\_\_\_\_ Single

\*ETHNIC ORIGIN:

Caucasian  Black  Hispanic  Asian or Pacific Island  
 American Indian or Alaskan Native  Multiracial

ANTICIPATED DATE TO BEGIN NURSING 1100: Fall 20\_\_\_\_ OR NURSING 1104 Summer 20\_\_\_\_\_

NURSING 1104 APPLICANTS ONLY: ON WHICH CAMPUS DO YOU WISH TO ATTEND UPON SUCCESSFUL

COMPLETION OF NURSING 1104 \_\_\_\_\_ SOUTH GEORGIA COLLEGE \_\_\_\_\_ WAYCROSS COLLEGE

APPLYING FOR: \_\_\_\_\_ Reside on campus \_\_\_\_\_ Commuter

\*ARE YOU A FOREIGN STUDENT?  Yes  No HAVE YOU TAKEN THE SAT?  Yes  No \_\_\_\_\_ WHEN?

\*REQUIRED FOR STATISTICAL PURPOSES ONLY

1. GED \_\_\_\_\_ WHEN? \_\_\_\_\_

2. HIGH SCHOOL DIPLOMA?  Yes  No

3. PLEASE LIST ALL PREVIOUS COLLEGES ATTENDED?

\_\_\_\_\_

(Please note - You must submit official SAT or ACT scores as well as official transcripts from all colleges attended to the Division of Nursing. In addition, once you submit your Nursing Application and are taking courses at an institution other than South Georgia College, you will need to submit an official transcript after each semester. All students **must** submit official SAT or ACT scores regardless of educational background, age, etc.)

4. PLEASE LIST ANY PREVIOUS NURSING EDUCATION (LPN OR COLLEGE LEVEL)

5. HAVE YOU COMPLETED APPLICATION AND BEEN ACCEPTED TO SGC? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If you plan to attend the nursing program at Waycross College, you **must** submit an application to Waycross College and South Georgia College. These applications may be obtained from the admissions offices on both campuses.)

**PLEASE COMPLETE THE FOLLOWING QUESTIONS:**

1. DO YOU PLAN TO WORK WHILE ATTENDING NURSING CLASSES? Yes No AND IF SO, THE NUMBER OF HOURS PER WEEK? \_\_\_+\_\_\_\_\_ WHAT WILL YOUR WORK SCHEDULE BE? \_\_\_\_\_

2. IT WILL BE NECESSARY FOR YOU TO PROVIDE YOUR OWN TRANSPORTATION TO AND FROM THE CLINICAL AREAS. HAVE YOU MADE PLANS FOR TRANSPORTATION? Yes No

3. WHAT OTHER RESPONSIBILITIES DO YOU HAVE OTHER THAN STUDENT RESPONSIBILITIES? \_\_\_\_\_

4. HOW DID YOU BECOME INTERESTED IN NURSING? \_\_\_\_\_

5. Have you ever been arrested for or convicted of a felony? Yes No  
(Note - This may restrict ability to take the State Board Examination. Also, clinical agencies require a background check and a drug screening. Students may be denied the right to attend clinical at these facilities based on the results, and therefore, be unable to progress in the nursing program.)

6. Do you have any handicaps or health problems that would interfere with your ability to provide nursing care in clinical areas? Yes No If yes, please describe handicap. \_\_\_\_\_

7. What are your hobbies, interests and community involvements? \_\_\_\_\_

**I certify that the information given on this application is complete, correct and true to the best of my knowledge. I recognize that providing false or misleading information may lead to my disenrollment from the College. If accepted, I agree to abide by the published regulations of the College and the Division of Nursing. Each state governs its eligibility requirements for testing and licensure.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This application will be kept on file for one year only and must be updated annually by the student to keep your file active in the Division of Nursing. Please notify the Division of Nursing regarding any change of name, address or phone number.

**FOR OFFICE USE ONLY:**

LPN LICENSE VERIFIED BY FACULTY/NAME/DATE

DATE OF INTERVIEW \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF INTERVIEWER \_\_\_\_\_

ADVISEMENT BY INTERVIEWER: \_\_\_\_\_

APPLICATION MUST BE DATED, SIGNED BY THE STUDENT AND RETURNED TO:

**Linda J. Mullis, Division of Nursing  
South Georgia College  
100 West College Park Drive, Douglas, GA 31533  
912.260.4358**

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**100 West College Park Drive • Douglas, GA 31533 • 912.260.4358  
Toll free (GA) 800.342.6364 • www.sgc.edu**

*A two-year residential college of the University System of Georgia • An Equal Opportunity/Affirmative Action Institution (M/F/V/D)*