

Harper College Fall 2019 NURSING (RN) Degree Program Application**

Submit completed degree application with valid NLN score report to Health Careers Division Office, Avanté Center, Room X250.
(Regular business hours: 8:00 am – 4:30 pm M-F; office hours can vary, please call ahead: 847.925.6533)

If you prefer, you can scan and email your application and score report to le@harpercollege.edu or fax it to 847.925.6373.

****Your Nursing Program Application will be accepted only if accompanied by a valid NLN score report with results indicating satisfaction of the following *minimum* scores:**

Composite – 60th percentile; Math – 40th percentile; Verbal – 40th percentile; Science – 40th percentile.

Fall 2019 applicants must have NLN scores from testing completed no earlier than January 1, 2016

Applications for Fall 2019 Nursing will be accepted from October 1, 2018 – March 1, 2019*
Applications for Spring 2020 Nursing will be accepted from June 1, 2019 – September 15, 2019*
***If all openings are not filled, applications will continue to be accepted beyond the deadline until the program is closed.**
Please check the NUR web page for program status.

Name:	Social Security Number:	Harper ID Number
Former Name(s):	E-mail Address:	
Date of Birth: (Month / Day / Year)	Home Phone Number:	Cell Phone Number:

I was previously enrolled in a Nursing (RN) Degree or Nursing Certificate (LPN or PNC) Program or in any NUR-
 prefixed course(s) at Harper College or at another college or university. yes* no
 *If yes, please indicate the program, the year, and name of the institution. _____

I have carefully reviewed the Harper College Nursing Program Admission Requirements. I understand all of the admission requirements and my responsibility in meeting those requirements within the required timeline in order to be considered for admission to this program.

Further, I understand that:

- Satisfaction of the admission requirements does not guarantee acceptance into the program;
- It is my responsibility to see that I have submitted all required documents including official transcripts from all colleges attended;
- If accepted into the program, I am obligated to follow the program curriculum as defined at the time of acceptance;
- If I am not granted admission for this program start, I must reapply and satisfy all admission requirements for a future program start.

Signature: _____ Date: _____

Request for Evaluation of College Transcripts

You must identify below each of the college transcripts which you are requesting be evaluated by Harper College:

1. _____ 3. _____

2. _____ 4. _____

- Your college transcripts will be evaluated based upon the graduation requirements currently in effect for the Nursing Program.
- An OFFICIAL transcript from each college or university attended must be sent directly to the Harper College.
- Transcripts from foreign colleges must first be evaluated by World Education Services or Educational Credential Evaluators, Inc. (Applicants will need to submit a copy of the completed course-by-course WES or ECE evaluation to the Harper College One Stop Center, Building A, Room A250.)

Academic Prerequisite Checklist for Nursing Degree Program Applicants
 The following are *academic prerequisites* required for admission to the Nursing degree program. Please provide grade, College/University and where appropriate, the date of completion:

ENGLISH COMPOSITION (ENG 101 at Harper College)
Grade _____ College/University _____ OR Currently Enrolled _____
HUMAN ANATOMY (BIO 160 at Harper College)
Grade _____ College/University _____ Date course was completed _____ OR Currently Enrolled _____
HUMAN PHYSIOLOGY (BIO 161 at Harper College)
Grade _____ College/University _____ Date course was completed _____ OR Currently Enrolled _____
INTRODUCTION TO PSYCHOLOGY (PSY 101 at Harper College)
Grade _____ College/University _____ OR Currently Enrolled _____
MATH ASSESSMENT (Intermediate Algebra or higher – or ALEKS score of 46 or higher)
Grade _____ College/University _____ Date completed _____ - OR - Harper Placement or ACT or SAT Test Score _____ Test Date _____ OR Currently Enrolled _____
CHEMISTRY (HS chemistry is acceptable only if you have not taken chemistry in college)
Grade _____ If chemistry was completed in college, name of College/University _____ OR Currently Enrolled _____ If you did not take chemistry in college, but you completed 2 semesters of high school chemistry, Grades _____ High school _____
HIGH SCHOOL TRANSCRIPT / GED
Date of high school graduation (or date you passed the GED)? _____ Where did you complete high school (or take the GED)? _____ (Please indicate the country, if not in the U.S.)
ILLINOIS CNA REGISTRY
____ I am on the Illinois State Registry as a Certified CNA ____ I am currently enrolled / will be enrolled in a CNA class _____ Semester ____ I have completed the CNA class and am scheduled to take the State Exam _____ Date

Signature _____