

**BSN**

# REQUEST FOR APPLICATION REACTIVATION

For those who were not admitted but previously submitted a full application.

## FALL DEADLINES

EARLY DECISION – MARCH 1<sup>ST</sup> / REGULAR DECISION – APRIL 1<sup>ST</sup>  
PROCESSING BEGINS JANUARY 15<sup>TH</sup>

## SPRING DEADLINES

EARLY DECISION – AUGUST 1<sup>ST</sup> / REGULAR DECISION – SEPT. 1<sup>ST</sup>  
PROCESSING BEGINS JUNE 15<sup>TH</sup>

### PART I: ADMISSION PREFERENCES

SEMESTER SEEKING  
ADMISSION:

FALL 20\_\_\_\_  
 SPRING 20\_\_\_\_

CAMPUS:

DANVILLE  
 CHARLESTON

### PART II: PERSONAL INFORMATION – ALL REQUIRED

FULL LEGAL NAME:

LAST

FIRST

MIDDLE

POSSIBLE OTHER NAME(S):

MAILING ADDRESS:

CITY:

STATE:

ZIP:

E-MAIL ADDRESS:

HOME PHONE:

CELL PHONE:

EMERGENCY CONTACT:

CONTACT #:

RELATIONSHIP:

SOCIAL SECURITY #:

BIRTH DATE:

YES NO

SINCE THE LAST TIME OF APPLICATION HAVE YOU BEEN DIAGNOSED AND/OR TREATED FOR ANY DISEASE OR CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE NECESSARY REQUIREMENTS FOR NURSING SCHOOL, INCLUDING ANY DISEASE OR CONDITION GENERALLY REGARDED AS CHRONIC BY THE MEDICAL COMMUNITY, SUCH AS A MENTAL OR EMOTIONAL DISEASE OR CONDITION; ALCOHOL OR OTHER SUBSTANCE ABUSE; PHYSICAL DISEASE OR CONDITION?

SINCE THE LAST TIME OF APPLICATION HAVE YOU BEEN CONVICTED OR PLED GUILTY TO ANY FELONY OR MISDEMEANOR (E.G. DUI, THEFT, DRUG CONVICTION) CRIMINAL OFFENSE IN ANY STATE OR IN FEDERAL COURT (OTHER THAN MINOR TRAFFIC VIOLATIONS)?

SINCE THE LAST TIME OF APPLICATION HAVE YOU BEEN DENIED A PROFESSIONAL LICENSE OR PERMIT, OR PRIVILEGE OF TAKING AN EXAMINATION, OR HAD A PROFESSIONAL LICENSE OR PERMIT DISCIPLINED IN ANY WAY BY THE LICENSING AUTHORITY IN ILLINOIS OR ELSEWHERE?

### PART III: EDUCATION HISTORY

LIST ALL INSTITUTIONS THAT YOU CURRENTLY ATTEND OR HAVE ATTENDED. OFFICIAL TRANSCRIPTS WILL NEED TO SUBMITTED FOR CLASSES THAT HAVE BEEN COMPLETED SINCE THE LAST TIME OF APPLICATION.

UPDATED  
TRANSCRIPTS  
WILL BE SENT

NO UPDATES  
TO SUBMIT

CURRENTLY  
ENROLLED

1.

2.

3.

4.

5.

PLEASE MAIL YOUR REQUEST FOR REACTIVATION TO:

LAKEVIEW COLLEGE OF NURSING, ADMISSIONS  
903 N. LOGAN AVENUE DANVILLE, IL 61832

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF FOUND TO BE OTHERWISE, IT IS SUFFICIENT CAUSE FOR REJECTION OR DISMISSAL. IN SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND WILL ADHERE TO THE COLLEGE'S POLICIES THAT CAN BE FOUND WITHIN THE COLLEGE CATALOG/STUDENT HANDBOOK AT <https://www.lakeviewcol.edu/cataloghandbook>.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_