



LAKEVIEW
COLLEGE OF NURSING
 ADAPTABILITY · CARING · EXCELLENCE · INTEGRITY

APPLICATION FOR ADMISSION

If you have any questions regarding this application, please call 217-443-5238. Please complete and return the application to LAKEVIEW COLLEGE OF NURSING, 903 N. Logan Ave., Danville, IL 61832 by the deadline listed below.

FALL SEMESTER - Early Decision (Requires 3.0/4.0 GPA) = March 1; Final Deadline = April 1

SPRING SEMESTER - Early Decision (Requires 3.0/4.0 GPA) = Sept. 1; Final Deadline = October 1

SUMMER (No beginning-level nursing courses offered. Chemistry & Statistics Only @ Danville Campus.) - April 1

Part I: Admission Status

1. What is your status?

Degree Seeking **MUST complete entire application**

\$100 APPLICATION FEE REQUIRED FOR ABOVE Fee included with application Yes No

Non-Degree Seeking (Those wishing to be guest students) *Please complete front side and supply ONLY signature & date on back.*

2. Indicate the semester for which you are seeking admission: Semester (Fall, Spring or Summer) _____; Year: _____

3. Indicate your campus preference (1 = First Choice, 2 = Second Choice, and 0 = Do not want to attend this campus): Danville EIU

4. Indicate intended enrollment status: Full-time (12 or more credit hrs.) Part-time (Fewer than 12 credit hrs.)
 Traditional Track (No Summer Session) Accelerated Track (Includes Summer Session)

5. Will you be transferring from another nursing program? Yes No

6. Are you applying to take Chemistry & Statistics on the Danville Campus? Yes No

7. Are you currently a licensed nurse? Yes No (If yes, check basic nursing education below):

LPN Diploma RN Associate Degree RN

Date of Graduation: _____ Current IL License No. _____

Date: _____
Check #: _____
<i>For Office Use Only</i>

Part II: Personal Information

8. What is your full legal name? _____
 (Last) (First) (Middle) (Maiden)

9. Social Security Number: _____ 10. Nickname: _____ 11. Birth Date: _____

12. List any other name(s) by which your records may be found: _____

13. What is your home phone number? _____ 14. E-Mail: _____ 15. Cell Phone: _____

16. What is your home address? _____ City: _____ State: _____ Zip: _____

17. What is your place of employment? _____ 18. What time of day do you usually work? _____

19. What is your work phone number? _____ 20. How many hours do you work per week? _____

21. Who should we contact in case of emergency? _____ Relationship to you? _____ Phone: _____

22. Will you have lived within the state of Illinois for at least 12 continuous months prior to enrolling at Lakeview? Yes No

23. If you are a dependent student, will your parent and/or guardian have lived within the state of Illinois for at least 12 continuous months prior to your enrollment at Lakeview College of Nursing? Yes No

24. Are you a U.S. Citizen? Yes No If Permanent Resident Alien, please indicate Registration Number: _____

Part III: Optional Information for Statistical Purposes

Under requirements of the U.S. Office of Education, Department of Health, Education and Welfare, information on age, race and gender must be collected and reported by collegiate institutions. This information is not used in the admission decision.

Sex: Male Female

Ethnicity: Please check all that are applicable.

Alaskan Native American Indian Asian or Pacific Islander Hispanic Other

Black/African American, not of Hispanic origin White/Caucasian, not of Hispanic origin

Do you speak English as a second language? Yes No

How did you hear about LAKEVIEW COLLEGE OF NURSING? _____

Please STOP HERE if you are a Non-Degree Seeking Student (except for signature on back side).

Please complete page 2 of the application if you are a Degree Seeking Student.

Part IV: Previous Education

25. Please indicate the name, city, state and country of high school last attended: _____
26. Please indicate date of high school graduation: _____
27. Did you receive a GED State Certificate? Yes No If yes, please indicate date certificate was awarded: _____
Please attach a photocopy of the certificate.
28. Please list all colleges, universities, or schools of nursing attended and number of credits. (Use additional paper if necessary).

Name of Institution	City and State	Date of Entrance	Cr. Hours Completed Semester/Quarter	Degree/Diploma Earned & Date

Were you ever involuntarily withdrawn from another nursing program? Yes (If yes, please explain on separate sheet) No

Part V: Experience Gained through employment, volunteer and/or extracurricular activities

29. Please list any experience that may give you an advantage in pursuing a BSN degree. (Either within essay or on separate sheet).

Part VI: Clinical & Licensing Information (These questions are asked prior to admission because they also appear on the Application for Licensure in the State of Illinois. Applicants with affirmative responses may be given feedback on potential for participation at clinical sites & licensure. If you have any questions or need to discuss your situation prior to completion of the application you may contact the Dean of Nursing at 217-477-2775 or wheeler1@lakeviewcol.edu.)

30. Have you ever been convicted or plead 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)? Yes No
31. Have you ever been diagnosed and/or treated for any disease or condition that interferes with your ability to perform the essential requirements during nursing school, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to provide nursing care as a student nurse? Yes No
32. 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? Yes No
33. Ever been discharged other than honorably from the armed service or from a city, county, state or federal prison? Yes No

If you answered yes to 30, 31, 32 or 33 please give details and explain on separate sheet.

Part VII: Additional Steps in making Full Application

34. Please submit two copies of a personal composition of 150-250 words addressing your view of nursing and professional goals.
35. This will help us assess: 1) your philosophy and interest related to nursing; 2) your writing and grammar skills; and 3) why you wish to pursue a BSN degree.
35. Please sign below and include the \$100 non-refundable application fee.
36. Return two completed "Reference Request" forms along with application or mailed directly by reference.
37. Enclose a copy of any current licensure.
38. Submit official transcripts from all post-secondary schools.
39. Submit official TOEFL scores sent directly from ETS if you graduated High School outside of the U.S.
40. Submit current course schedule along with plan for completing any remaining pre-nursing coursework.

Part VIII: Following the submission of your application

41. All applicants will receive instruction on how to complete a required background check.
42. All applicants who meet the criteria for admission will be required to complete the Test of Essential Academic Skills (TEAS). (RNs Exempt)

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. I also understand that in signing this application that I will adhere to the College's Non-Discrimination Policy and acknowledge that I have read and understand the Core Performance Standards and Other Considerations for All Applicants.

Signature: _____

Date: _____