



Application for Admission

FALL SEMESTER- Application Processing Begins January 15

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

SPRING SEMESTER- Application Processing Begins June 15

Early Decision (Requires 3.0/4.0 GPA) = **September 1**; Final Deadline = **October 1**

SUMMER SEMESTER- Application Processing Begins January 15; Final Deadline = April 1

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

Part I: Admission Status

1. What is your status?

Degree seeking—MUST complete entire application.

\$100 Application Fee Required for Degree Seeking Students

Fee included with application Yes No

Non-Degree Seeking (Those wishing to be guest students) **Please complete front side only**

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, & 0=Do not want to attend this campus) Danville EIU

4. Indicate intended enrollment status: Full-time (12 or more credit hours) _____ Part-time (fewer than 12 credit hours) _____

5. Will you be transferring from another nursing program? Yes No (If yes, which one?) _____

6. Have you voluntarily/involuntarily withdrawn from another nursing program? Yes No (If yes, please explain on separate sheet)

7. Do you plan on taking _____ Chemistry I _____ Chemistry II _____ Statistics, at Danville? _____ Medical Terminology Online?

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

LPN Diploma RN Associate degree RN *Current IL Nursing License # _____

Part II: Personal Information

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

10. Social Security # _____ Birth Date _____ Other preferred first name: _____

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

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.

12. Gender: Male Female

13. Are you a U.S. Citizen? Yes No If Permanent Resident Alien, please indicate Registration #. _____

14. Are you Hispanic/Latino Yes No

15. If other than Hispanic/Latino, please indicate your ethnicity: (Please check all that apply)

American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander Non-resident Alien Race & Ethnicity Unknown
 White If Other, please indicate _____

16. What is your cell phone number (_____) _____ Home phone number (_____) _____

17. E-mail address _____

18. Current Mailing Address _____
City: _____ State: _____ Zip: _____

19. Who should we contact in case of emergency? _____ Relationship _____ Phone # (____) _____

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

21. 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

Part III: Optional Information

22. Do you speak English as a second language? Yes No

23. How did you initially hear about LAKEVIEW COLLEGE OF NURSING? _____

Please STOP HERE if you are a Non-Degree Seeking Student

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

Part IV: Previous Education

24. Please list all colleges or universities attended and number of credits. (Use additional paper if necessary).

Name of Institution	City and State	Date of Entrance	Total Cr. Hours Completed	Degree/Diploma Earned & Date or (Date Anticipated)

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

25. Please list any experience that may give you an advantage in pursuing a BSN degree. (Either within personal composition 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 [wheelerl@lakeviewcol.edu](mailto:wheeleri@lakeviewcol.edu))

26. 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

27. 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

28. 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

29. 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 26, 27, 28, or 29 please give details and explain on a separate sheet.****

Part VII: Additional Steps in Making a Full Application

30. Please submit **two (2)** copies of a personal composition of 150-250 words addressing your view of nursing and professional goals. 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. ****PLEASE PUT YOUR NAME ON YOUR ESSAY****

31. Please sign below and include the \$100 non-refundable application fee. ****Make checks payable to Lakeview College of Nursing****

32. Return **two (2)** completed "Reference Request" forms along with your application or mailed directly by reference.

33. Enclose a copy of any current practical or nursing licensure if applicable.

34. Submit official transcripts (**in sealed envelopes**) from all post-secondary schools.

35. Submit official birth certificate (**with embossed seal**)

36. Submit official TOEFL scores sent directly from ETS if you were born outside the U.S.

37. Submit current course schedule along with plan for completing any remaining pre-requisite coursework.

Part VIII: Following the Submission of Your Application

38. All applicants will receive a confirmation letter after their application has been received. With this letter, additional information on how to complete the required background check will be enclosed. (This will be mailed to the address provided on this application)

39. All applicants who meet the criteria for admission will be required to complete the Test of Essential Academic Skills (TEAS). (Current RN's are exempt from taking the TEAS test)

**Please mail your application all other required documents to Lakeview College of Nursing, 903 N. Logan Ave, Danville, IL 61832.
If you have any questions please call our main number at 217/443-5238.**

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: _____