



LPN/BSN Application for Admission

Current LPN's wishing to become fully admitted into LCN's BSN program.

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**

Part I: Admission Status

- Semester for which you are seeking admission: Semester _____ Year _____
(Fall or Spring)
- Campus preference (1=First Choice, 2= Second Choice, & 0=Do not want to attend this campus) ___ Danville ___ Charleston
- Indicate with an "X" for intended enrollment status:
Full-time (12+ credit hours) _____ Part-time (less than 12 credit hours) _____
- Have you voluntarily/involuntarily withdrawn from another nursing program? ___ Yes ___ No
(If yes, please explain on separate sheet)
- Do you plan on taking **statistics**, at LCN Danville? (Circle one) Yes No
- State(s) where you hold licensure _____
*Current IL/IN LPN nursing license # _____

Part II: Personal Information

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.

- What is your full legal name _____
(Last) (First) (Middle) (Maiden)
Other preferred first name: _____
 - List any other name(s) by which your records may be found: _____
 - Gender: ___ Male ___ Female
 - Are you Hispanic/Latino ___ Yes ___ No
 - 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 _____
 - Social Security # _____ Birth Date _____
 - Are you a U.S. Citizen? ___ Yes ___ No
If permanent resident alien, please indicate your registration #: _____
- *Lakeview College of Nursing requires that all students be either U.S. Citizens or Permanent U.S. residents in order to qualify for admission.**
- Have you lived within the state of Illinois for at least 12 continuous months prior to enrolling at LCN? ___ Yes ___ No
 - 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
 - E-mail address _____
 - Current Mailing Address _____
City: _____ State: _____ Zip: _____
 - What is your cell phone number (_____) _____ Home phone number (_____) _____
 - Emergency contact _____ Relationship _____
What is their phone number (_____) _____ Alt. phone number (_____) _____

Part III: Optional Information

- Do you speak English as a second language? ___ Yes ___ No
- How did you initially hear about LAKEVIEW COLLEGE OF NURSING? _____

Please complete page 2 of the application

Part IV: Previous Education

22. Please list all colleges or universities attended and number of credits completed. (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: Clinical Information (Applicants with affirmative responses may be given feedback on potential for participation at clinical sites. 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)

23. 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
24. Have you ever 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? ___ Yes ___ No
25. 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
26. Ever been dishonorably discharged from the armed service or from a city/county/state/federal prison? ___ Yes ___ No

****If you answered yes to 23, 24, 25, or 26 please give details and explain on a separate sheet.****

Part VI: Additional Steps in Making a Full Application

27. Please submit **one (1)** copy of a personal composition of 150-250 words addressing your view of nursing and professional goals and why you wish to pursue a BSN degree. ****PLEASE PUT YOUR NAME ON YOUR ESSAY****
28. Return **two (2)** completed "Reference Request" forms along with your application or mailed directly by reference.
29. Submit official transcripts (**in sealed envelopes**) from all post-secondary schools.
30. Submit **official** birth certificate with embossed seal (**Birth certificates become part of the academic file and are not returned.**
~Photocopies of your official birth certificate are not accepted)
31. Submit official TOEFL scores sent directly from ETS if you were born outside the U.S.
32. Submit current course schedule along with plan for completing any remaining pre-requisite coursework.
33. Enclose a copy of any current practical and/or nursing licensure.
34. Please sign below and include the \$100 non-refundable application fee. ****Make checks payable to Lakeview College of Nursing****

Part VII: Following the Submission of Your Application

35. 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 and assessment test will be enclosed. (This will be mailed to the address provided on this application)

**Please mail your application and 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.

****If you decline or are declined admissions, your application will remain on file for a period of 1 year. During that time if you wish to pursue admission for a future semester you must send a letter or e-mail to Connie Young (cyoung@lakeviewcol.edu) requesting that your file be re-activated. You must also meet the current coursework requirements as well as policies and procedure for that given semester. For more information on these items please check www.lakeviewcol.edu.**

Signature: _____

Date: _____