

## Non-Degree Seeking Application

This application is for students wishing to take preliminary coursework with LCN or those NOT wishing to pursue a degree with LCN.

### Part I: Admission Status

- Semester for which you are seeking admission: Semester \_\_\_\_\_ Year \_\_\_\_\_  
(Fall, Spring, or Summer)
- Campus preference \_\_\_\_\_ Charleston \_\_\_\_\_ Danville
- Which course(s) are you seeking to enroll? \_\_\_\_\_ Chemistry I \_\_\_\_\_ Chemistry II \_\_\_\_\_ Statistics \_\_\_\_\_ Medical Terminology Online

### 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 \_\_\_\_\_  
*This e-mail address will be used in confirming your registration.*
- 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? \_\_\_\_\_

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: \_\_\_\_\_