

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 non-degree enrollment: Semester _____ Year _____
(Fall, Spring, or Summer)
- All non-degree courses are only offered on the Danville campus, with the exception of medical terminology online.
- 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: _____