

# RN/BSN Application for Admission

For current RN's wishing to become fully admitted into the Lakeview College of Nursing BSN program on the Danville campus.



FALL SEMESTER DEADLINE = June 1  
SPRING SEMESTER DEADLINE = November 1

## Part I: Admission Status

- Semester for which you are seeking admission: **Fall Semester**- Year \_\_\_\_\_
- Indicate with an "X" for intended enrollment preference:  
Traditional track \_\_\_\_\_ Evening/weekend/hybrid track \_\_\_\_\_
- Have you voluntarily/involuntarily withdrawn from another nursing program?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
- Are you currently a \_\_\_ Diploma RN \_\_\_ Associate degree RN  
State(s) where you hold licensure \_\_\_\_\_  
\*Current IL/IN 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 217/709-0926 or [wheeler1@lakeviewcol.edu](mailto: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. Please include a copy of a criminal background check current within the last 5 years.
- 29. If you do not have a copy of your last background check, please include a **\$60.00 non-refundable background check fee.**  
*\*\*Make checks payable to Lakeview College of Nursing\*\**
- 30. Return **two (2)** completed "Reference Request" forms along with your application or mailed directly by reference.
- 31. Enclose a copy of any current practical and/or nursing licensure.
- 32. Submit official transcripts (**in sealed envelopes**) from all post-secondary schools.
- 33. 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*)
- 34. Submit official TOEFL scores sent directly from ETS if you were born outside the U.S.
- 35. Submit current course schedule along with plan for completing any remaining pre-requisite coursework.

**Part VII: Following the Submission of Your Application**

36. 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 if needed. (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 217/709-0920.**

*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](mailto:cyoung@lakeviewcol.edu)) requesting that your file be re-activated. You must also meet the current coursework requirements as well as policies and procedures for that given semester. For more information on these items please check [www.lakeviewcol.edu](http://www.lakeviewcol.edu).*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_