

LPN to RN- Licensed Practical Nurse to AAS Application for Admission Associate of Applied Science in Nursing; PN Exit Option



PimaCommunityCollege

**Licensed Practical Nurse
(LPN) License Number:**

**Date State
Issued:**

PCC Student A#

Last Name:

First Name:

Phone Number:

PCC Email Address

Application Date:

INITIAL ADMISSION APPLICATION INSTRUCTIONS:

Complete the application and submit packet in one fluid PDF via your PCC student e-mail to pcc-adnadmissions@pima.edu. No personal or work email submissions will be accepted. Deadline for Spring semester is September 1 annually. Deadline for Fall semester is February 1 annually. To complete your application, ensure that all documents are included in the packet prior to submission and that your name and/or PCC student A# appear on all PCC documents. It is the responsibility of the student to ensure all documents have been submitted. Packet will not be reviewed until after the deadline date.

Documents to attach to this application in the order listed below (check boxes to confirm submitted):

Attach documentation of Accuplacer Reading Assessment report.

Attach unofficial PCC transcript detailing:

MAT142 or MAT151 or higher with a grade "C" or higher.

WRT101 with a grade "C" or higher or CLEP

BIO201IN or BIO201IH and BIO202IN with a grade "B" or higher.

Attach unofficial university transcript if seeking points for a prior degree (must show degree confirmed on transcript).

Attach copy of unencumbered, active and in good standing, AZ LPN license. Numbers will be verified with the AZBN.

Attach letter of employer verification detailing 576 hours of employment as an LPN

Attach letter of volunteer activity detailing 100 hours within the last two years (if applicable).

Do NOT attach any documentation not listed above.

If applying to more than one program above, a separate application packet must be submitted for each program.

DISCLAIMER AND SIGNATURE:

I give permission for representatives of Pima Community College (PCC) and the university to review my application to the nursing program (FERPA waiver). I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or relevant documents will result in my denial of consideration for admission and may be subject to Student Code of Conduct review. I understand that if I am not accepted into this program for this semester it will be necessary to reapply for future semesters using a new application packet.

Student Signature:

Date of Application: