



2130 Germanna Highway, Locust Grove, Virginia 22508-2102
(540) 423-9821 • Fax: (540) 423-9865 • TTY: (540) 423-9888

APPLICATION FOR ADMISSION

To be completed by applicant and submitted to Germanna Community College’s Nursing & Health Technology Division, Locust Grove Campus.
Please check program in which you are seeking admission:

Name _____
(LAST) (FIRST) (MIDDLE)

City _____ State _____ ZIP Code _____

Telephone: _____ Student ID _____
(HOME) (WORK)

Check one of the following:

- ADN (Associate in Applied Science Nursing) Program -Application Deadline February 1 (Program starts in May)**
- LPN to ADN (Currently Licensed Practical Nurse applying to Associate in Applied Science Nursing Program - Application Deadline May 15 _____ Provide Copy of Virginia License**
(Qualified LPN to ADN applicants with at least 1 year experience will have priority for Admission)
- ADN Transfer Applicant – Application Deadline- May 15 _____ October 15 _____**
- PN (Practical Nursing Certificate Program)**
 - Locust Grove Campus Program Location –Application Deadline- February 1**
 - Eastern View High School Location – Application Deadline-February 1**
- PN Transfer Applicant – Application Deadline -May 15 _____ October 15 _____**
- Re-applying Applicant.** Check appropriate box.
 - ADN** **LPN to AND** **PN** **Locust Grove Campus** **Eastern View**
- Pharmacy Technician Program**
Application Deadline -July 1 _____ (for fall); October 1 _____ (for spring); April 1 _____ (for fall)

Have you ever applied to a GCC Nursing & Health Technology Program before?
If yes, what program and date?

No **Yes** **What** _____
When _____ **Where** _____

I have reviewed the admissions procedure, and prerequisites as outlined in the *College Catalog and Student Handbook*. In addition, I have on file in the Nursing & Health Technology Division Office a signed student advisor worksheet.

(SIGNATURE) (DATE)

Pharmacy Technician Program application is to be submitted to John Stroffolino, LGC Office, Room 303G.



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INFORMATION FORM

To be completed by student and submitted with Application to Nursing & Health Technology Division Office

Name

(LAST) (FIRST) (MIDDLE)
Street Address/Post Office Box

City _____ State _____ ZIP Code _____
Home _____ Work _____ Cell _____
Email _____ Student ID _____

*PLEASE PRINT LEGIBLY

Check one of the following:

- ADN Applicant** — On file by February 1st
- LPN to ADN Applicant** — On file by May 15th
- ADN Transfer** — On file by May 15th (for Fall) / October 15th (for Spring).
- PN (Practical Nursing Certificate Program)**
 - Locust Grove Campus Location** – On file by February 1st _____
 - Eastern View High School Location** – On file by February 1st _____
- PN Transfer Applicant** – On file by May 15th (for Fall) and on file by October 15th (for spring)
- Re-applying Applicant. Check appropriate box.**
 - ADN** – On file by February 1 or May 15th or October 15th **LPN to ADN** – On file by May 15th & October 15th
 - PN** – On file by February 1st
 - Locust Grove Campus Program Location**
 - Eastern View High School Location**
- Pharmacy Technician Program**
July 1st (for fall); October 1st (for spring); April 1st (for fall)