

NURSING DEPARTMENT
Request for Change of Program to Nursing
Matriculated NCC Student only

IMPORTANT:

To be considered - your application must have the following sent to nursing@ncc.edu by application deadline.

1. An **unofficial** transcript from Nassau Community College
2. If available an **unofficial** transcript(s) from other college(s) you have attended.
3. The **TEAS exam** results (listing scores in each of the four subjects - only two exams will be considered)

***Notification of Acceptance will be sent to your NCC email ONLY.**

***No telephone inquiries will be accepted.**

IMPORTANT:

Complete the following: **(Incomplete applications will not be considered)**

Mr. / Ms (circle one) Day_____ Evening_____ (check only one)

Student Banner ID Number: N00_____

First Name: _____ Last Name: _____

Street: _____

Town: _____ State: _____ Zip Code: _____

Area code and telephone #: _____

IMPORTANT - Answer all questions below: (Incomplete applications will not be considered)

Do you have a previous degree from:

NCC Yes No Will you be graduating from NCC at the end of this semester? Yes No

Other Yes No School Name: _____

Are you a citizen of the United States? Yes No

Do you have an International Degree? Yes No

Are you here on a F1 Visa? Yes No

Acceptance into the Nursing Program will be conditional pending successful completion of a background check by Castlebranch services

I have reviewed and understand the Departmental Requirements and Guidelines in the college catalog.

Signature: _____ Date: _____

For office use only:

R: _____ M: _____ S: _____ E: _____