

**WATTS COLLEGE OF NURSING
APPLICATION FOR ADMISSION
2828 Croasdaile Drive, Suite 200
Durham, North Carolina 27705**

Watts College of Nursing does not discriminate in the educational program or activities of the college on the basis of race, color, religion, national origin, disability, veteran status, sexual orientation, gender identity, gender expression, sex, genetic information, or age.

You are urged to give careful consideration to each question on this application and return it to Watts College of Nursing along with the \$100.00 non-refundable application fee (cashier's check or money order) payable to Watts College of Nursing.

Please print or type clearly.

Date _____, 20____ Social Security Number XXX – XX - _____

1. Print name in full _____
First Middle Last Former Name

2. Home # _____ Work # _____ Cell # _____

3. Mailing address _____
Number and Street City State Zip Code

E-mail address _____

4. If you are under age 18, who is your legal guardian?

Name _____

Address _____
Number and Street City State Zip Code

Relationship: _____

5. Person to be notified in case of emergency: Name _____

Home # _____ Work # _____ Cell # _____

Address _____
Number and Street City State Zip Code

Relationship: _____

6. Citizenship: City/State/Place of Birth _____ U.S. Citizen _____ U.S. Lawful Permanent Resident _____

7. High School _____ City/State _____

Graduation/Anticipated Graduation Date _____

GED Yes _____ No _____ Date GED received _____

AHSD (Adult High School Diploma) Yes _____ No _____ Date AHSD received _____

8. List **ALL** vocational programs, colleges and universities you have attended

Name of Institution	City and State	Dates Attended	Diploma or Degree Received

9. Are any of your transcripts under another name? If so, list name used at each institution

Name: _____

Institution: _____

If any program was not completed, state reason: _____

10. Military Service: Branch _____ Active Duty _____ Reserves _____ Veteran _____

Spouse _____ Dependent _____

Military Education Benefits: Yes _____ No _____ If yes, type of benefit _____

11. Have you ever been convicted of a criminal offense other than a minor traffic violation or are criminal charges pending against you? Yes _____ No _____

If yes, please explain. Use separate sheet if necessary.

12. Submit Form (Plan for Completion of General Education Requirements)

13. Submit Form (Technical Standards Agreement)

AGREEMENT:

I understand that withholding information requested in the application or giving false information on any document may position me ineligible for admission to the Watts College of Nursing.

I further understand that I am required to abide by the rules and regulations of the college.

I certify that all information, statements and documents given are accurate, correct and complete.

Print Name

Signature of Applicant

Date

Signature of parent or guardian (If applicant is under 18 years of age)