

APPLICATION FOR SELECTION TO GENERIC ASSOCIATE DEGREE NURSING PROGRAM

HINDS COMMUNITY COLLEGE
1750 CHADWICK DRIVE • JACKSON, MISSISSIPPI 39204-3490 • 601-376-4807



Student I. D. Number _____ (or Last Four Digits of Social Security Number) _____

Home Telephone No. _____ Cell Phone No. _____

Date of Birth _____

Note: Deadline for file completion for Fall class – March 31st;
Deadline for file completion for Spring class – September 30th.

INSTRUCTIONS

- A. Complete this form (PLEASE TYPE OR PRINT) and return to→
- B. Request the registrar of each high school and college (except Hinds CC) you have attended to forward an original transcript from that institution to→
- C. All notifications concerning admissions to the program will be made by mail and/or email.

**Associate Degree Nursing Program,
Office of Admissions
Nursing/Allied Health Center
1750 Chadwick Dr.
Jackson, MS 39204-3490**

PERSONAL DATA

Name _____
First
Middle
Maiden
Last

Mailing Address _____
Street No. / P.O. Box / Route
City
State
Zip

Physical Address _____
Street No. / Route
City
State
Zip

Personal E-mail address _____ and/or School E-mail address _____

EDUCATIONAL DATA

1. List all colleges and professional schools attended.

Name of School	City and State	Did you graduate?	Dates attended
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ to _____ mo/year mo/year

LOCATION SELECTION

I am applying for admission at the following location: (CHOOSE ONLY 1 LOCATION)

- Nursing/ Allied Health Center Rankin Campus (Fall Admission Only)

Notes: (1) Students must satisfy a criminal background check. Individuals who have been convicted, pleaded guilty or pleaded no contest to certain felony crimes may be unable to attend clinical training or obtain employment in a licensed health care facility in Mississippi. In addition, other felony and some misdemeanor charges may disqualify the student from participating in clinical experiences. This includes, but is not limited to most felony charges, patterns of criminal charges, criminal charges within the past five years, no dispensation of charges, and pending charges. (2) Students are subject to random drug screens after admission.

I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed therein. I am aware that falsification of information is a basis for denying admission or for immediate termination of enrollment.

Signature _____

Date _____

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator, Box 1003, Utica, MS 39175, Phone: 601.885.7002 or email: titleIX@hindsc.edu