

# West Shore Community College

## Nursing Program Application



### Applicant Status

- I am applying for admission to the First-level nursing program.
- I am applying for re-admission to the First-level nursing program.
- I am currently a Practical Nurse or in a PN program and am applying for the Second-level nursing program.

### Applicant Information

Name (Last, First, MI)			
Maiden Name			
Address (Line 1)			
Address (Line 2)			
City, State, ZIP Code			
Cell Phone #		Alternate Phone #	
Personal Email Address			
WSCC Email Address			
Last Four Digits of SSN			

### To be Completed by Second-Level Applicants ONLY

Name of school where LPN was completed	
Anticipated or actual date of completion	
My Practical Nursing License expires on	

### Certification Statement

I certify that the above information is true and correct. I understand that knowingly giving false information may result in my dismissal from West Shore Community College.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Note:** This program prepares you to take the NCLEX exam in the State of Michigan. Graduates who want to practice in other states should review those requirements via that Board of Nursing link at <https://www.ncsbn.org/14730.htm>

**Please return to:**  
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