

West Shore Community College

LPN to RN Transition Nursing

Program Application



Applicant Status

I am currently a Practical Nurse or in a PN program and am applying for the Second-level nursing program.
 I have a prior admission to another nursing school

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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