Campus Selection Form

Name (pr	int):			
-	First	Middle	Last	
CCC Stud	ent ID#:	·		
Which pr	ogram are you apply	ring to?		
	Traditional Asso	ciate Degree Nursing		
	Licensed Practic	al Nurse (LPN) to Assoc	ate Degree Nursing (ADN)
Campus L	ocation Preference ((Columbus, Grand Island	d, Kearney)	
	1 st Choice:		2 nd Choice:	
by Denise your resp	e Kingery, Pre-Nursing onsibility to ensure a t in an ineligible app Online College app OneSource, Backg TEAS completed w Active, unencumb	g Advisor for accuracy. Ill items are complete a lication. Dication indicating Nurs round and Drug test co vith a 58.7% or higher (I ered Certified Nursing I	If you choose to submit ynd submitted with this fo	DN students) ense
-	CCC Immunization plication date, subm	·	ve documents (excluding	background and drug test) to
The Nebra mental he trustwort	aska Nurse Practice A ealth and a state of pl hiness. Applicants wl	hysical wellness, depen ho have criminal record	dable work history, and g	sess good moral character, sound eneral accountability and ems or health problems that interfer n and licensure.
Student Signature			Date	