



ALBANY
Technical College

Practical Nursing Department

Program Application

Note: application deadlines - Fall: June 30th
Spring: October 31st

Return application to Albany Technical College
PRACTICAL NURSING DEPARTMENT
1704 S. Slappey Boulevard
Albany, GA 31701-3514

ATC Student ID #: _____ Birthdate: ____ / ____ / ____

Name: _____
Last First Middle Other Names Used

Mailing Address: _____
Street Address City State Zip Code

Telephone: _____
Home Business Cell

Place of Employment: _____ Occupation: _____

Email Address: _____

Emergency Contact: _____
Name Relationship Number

Have you ever attended Albany Technical College? Yes _____ No _____ If yes, what year? _____

Have you ever attended or are currently attending another college/university? Yes _____ No _____

If yes, where? _____ Dates: _____

Have you ever attended an LPN program at ATC or another school? Yes _____ No _____

If yes, where? _____ Dates: _____

I am Interested in transferring credits from another college. Yes _____ No _____

Did you receive a (D) or (F) in any of your nursing courses at this or another school?

Yes _____ No _____ (If you received a "D" or "F" in 1 or more practical nursing courses within the past 3 years you may not be eligible for this program): **I have read enclosed Practical Nursing Transfer Admissions Guidelines _____ (initial here).** ** (Transcripts must be submitted with application)

**** NOTE: AN ARREST OR CONVICTION OF ANY MORAL/AND OR LEGAL VIOLATION OF THE LAW MAY PREVENT A GRADUAT FROM TAKING THE LICENSURE EXAM FOR THE STATE OF GEORGIA.**

I certify the above information is correct to the best of my knowledge, and I understand that failure to give accurate and complete information may invalidate my admission into the Practical Nursing program.

Signature: _____ Application Date: _____