SOUTHSIDE VIRGINIA COMMUNITY COLLEGE

Application for Practical Nursing Program*

Please Indicate Site Preference. An application must be completed for each location that you wish to apply.

_____Alberta _____Chase City _____Farmville _____South Boston

I hereby apply for admission to SVCC Certificate of Practical Nursing Program for

_____Semester _____Year

I understand that I must complete the college application for admission and all other requirements ** for admission to the Practical Nursing Program if I have not previously done so. I will immediately notify the College in writing in the event I wish to withdraw this application.

NAME:	
CUSTOMER ID NUMBER:	
ADDRESS:	
PHONE:	Home ( ) Work ( )

Signature & Date _____

Applicants to the Alberta or Chase City PN Program mail this form to:
SVCC Admissions 109 Campus Drive Alberta, VA 23821

Applicants to the Farmville or South Boston PN Program mail this form to:
SVCC Admissions 200 Daniel Road Keysville, VA 23947

*Completion of this certificate program qualifies individuals to apply to take the state licensing examination to become a Licensed Practical Nurse (LPN).

** Please see catalog or website (www.southside.edu > Quick Links > Nursing Programs) for listing of these requirements.

NOTE: This application must be completed each year you wish to apply.

Southside Virginia Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Peter Hunt, Vice-President for Finance and Administration; SVCC, 109 Campus Drive, Alberta, VA 23821; Telephone 434-949-1005; email peter.hunt@southside.edu.

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