



COMMUNITY COLLEGE  
OF RHODE ISLAND

## 2010 NURSING PERFORMANCE-BASED HEALTH SCIENCE APPLICATION PROCESS

The Nursing Performance-Based Health Science Application Process is a competitive process that recognizes academic achievement. In addition to completing pre-admission requirements, applicants will be accepted based on performance based criteria. Please refer to the following website for more information. <http://www.ccri.edu/dean-hrs/>

### 2010 NURSING PERFORMANCE-BASED HEALTH SCIENCE APPLICATION GUIDELINES:

1. An Application for Enrollment at CCRI, including the \$20 application fee, must be submitted prior to completing the *Performance-Based Health Science Application*. (Note: If you have an admission application on file, an additional application is not necessary).
2. All admission requirements for the Nursing Program must be completed before a *Performance-Based Health Science Application* may be submitted.
3. **The *Nursing Performance-Based Health Science Application*** must be submitted to the Office of Enrollment Services during the **Open Application Period of January 4 to January 15, 2010**. This is a special open application period for students interested in gaining acceptance into the Nursing Program for January 2010. There is no fee required to submit this application.
4. A copy of your Pre-Admission Degree Evaluation must be attached to the *Performance-Based Health Science Application*. Please refer to the following web site for more information: <http://www.ccri.edu/OES/admissions>
5. Meeting minimum admission requirements ***does not guarantee acceptance into the nursing program at CCRI.***
6. Please refer to the following web site for current admission guideline sheets that outline the details regarding the nursing program. <http://www.ccri.edu/dean-hrs/admiss-docs.shtml>
7. All required immunizations for health science programs must be completed before entrance into the programs. Note: Immunization requirements take a minimum of 7 months to complete. Please see the following website for more information. <http://www.ccri.edu/dean-hrs/print.shtml>
8. If not admitted to the program of choice, students will be informed via MyCCRI Email and must reapply during the next open application period. **A waiting list will not be maintained.** Please refer to the following websites for more information: <http://www.ccri.edu/OES/admissions>, <http://www.ccri.edu/dean-hrs/>

**I have read the preceding admission policy and I understand that there are minimum eligibility requirements that must be met and that completion of this application does not guarantee admission into health science programs.**

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Signature

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Date

# 2010 CCRI Nursing Performance-Based Health Science Application

Only one nursing program can be checked. A successfully completed degree evaluation must be attached to the application. Instructions on how to obtain a completed degree evaluation are available at <http://www.ccri.edu/OES/admissions/>

## Associate Degree Programs

\_\_\_\_\_ Nursing-Days-Spring 2010

- Lincoln Campus \_\_\_\_\_
- Newport Campus \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

CCRI Student ID Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

MyCCRI Email Address: \_\_\_\_\_@ccri.edu

Your MyCCRI email address will be the official means of future communication.

Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_\_

If applicable, please list colleges/universities you have attended:

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_  
*from (mm/yy) to (mm/yy)*

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_  
*from (mm/yy) to (mm/yy)*

\_\_\_\_\_ Dates attended \_\_\_\_\_ - \_\_\_\_\_  
*from (mm/yy) to (mm/yy)*

Have official transcripts been sent to the Office of Enrollment Services? \_\_\_\_\_

Presently enrolled at CCRI? \_\_\_\_\_

### **SUBMITTING THIS APPLICATION DOES NOT CONSTITUTE ADMISSION TO A PROGRAM**

I affirm that all information on this application is true. I also understand it is fraudulent to misrepresent any information on this form.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

International Students are not accepted into health science programs due to the nature of the health science admissions process. For more information, contact the CCRI Office of Enrollment Services.