

Practical Nursing Program Admission Request Form

First Name:

Last Name:

Street Address:

Apt./Unit#:

City/Town:

Province:

Postal Code:

Email:

Home Phone

Cell Phone

Gender: Female Male

Other Gender

Date of Birth (mm/dd/yyyy)

Student ID _____

Listed below are entry requirements to process this application. **PROOF of attained credits must be attached.**

Requirement	Name of attached supporting document or transcript
Grade 12 English: ENG4 (C) or ENG4 (U)	
Grade 12 Physics or Chemistry: (C) or (U) (Grade 11U is accepted)	
Grade 12 Mathematics: (C) or (U) OR Grade 11 Mathematics (U) or (M)	
Grade 11 Biology: (C)	
English Proficiency	

*Minimum Grade scores: 70% in each required course an overall average of 75% in four required courses.

Signed: _____ Date: _____

mm/dd/yy

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Faculty of Continuing Education OFFICE USE ONLY:

Date stamp and forward to:

Attention: Part-time Practical Nursing – Admissions