

HEALTH SCIENCES DIVISION

Have you previously been admitted to a Nursing Program? Yes _____ No _____

If yes:

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| Name of Nursing Program/College attended: | |
| Reason for not continuing in the nursing program: | |
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I understand that completion of this application is a component of the student profile and does not in itself grant admission to the nursing program. I understand this application must be updated if I am not selected. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.

Admission to the nursing program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.

Print Name

Signature

Date

Date received: _____ Initials: _____

NOTE: COLLEGE APPLICATION, COLLEGE AND/OR HIGH SCHOOL TRANSCRIPTS OR GED SCORES, ACT SCORES MUST BE ON FILE IN ADMISSIONS OFFICE.

HEALTH SCIENCES DIVISION

ESSENTIAL FUNCTIONS ABILITY FORM

I certify that I have the ability to perform the essential functions stated in the subsequent pages, with or without reasonable accommodations. [*This form must be signed and dated by the student. Your signature indicates that you have read and agreed to the terms.]

_____ (Print Name)

Signature

Date

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the nursing program.

The nursing faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions.

Requests for reasonable accommodations should be directed to:

**Student Success Specialist, Drake State Community and Technical College, 3421 Meridian St N
Huntsville AL 35811 Phone: (256) 551-3156; nur@drakestate.edu**

**Please return your Nursing application and Essential Functions form to the Health Sciences
Office; Attn: Mrs. Rebecca Sims, Program Assistant; nur@drakestate.edu
Phone: (256) 551-3156 Fax: (256) 551-1704**