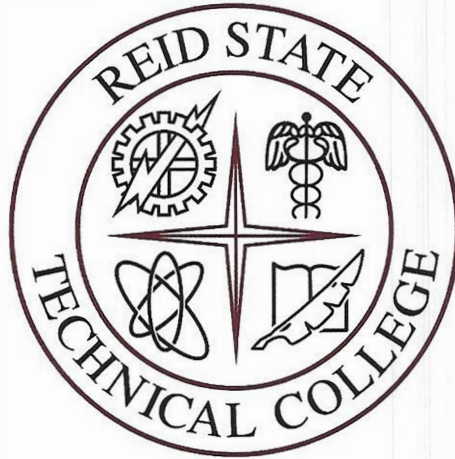


REID STATE TECHNICAL COLLEGE



Nursing Application Packet

www.rstc.edu

Evergreen Campus:

100 Hwy 83/P O Box 588

Evergreen, AL 36401

Phone Number: 251-578-1313

Fax: 251-578-5355

List all colleges or technical colleges you have attended and give dates of attendance at each. An academic and financial aid transcript will be required from each institution upon acceptance for admission.

NAME OF COLLEGE	CITY	STATE	YEARS OF ATTENDANCE		DEGREE RECEIVED
			FROM	TO	

Have you ever attended any campus of Reid State Technical College? YES NO

Indicate campus and year(s) attended: MAIN - From _____ to _____ ATMORE - From _____ to _____

Are you employed? YES NO Employer's Name _____ Phone _____

INSERT CORRECT NUMBERS IN THE BOXES BELOW

ENROLLMENT TO BEGIN YEAR	CAMPUS TO ATTEND 0 - ATMORE 1 - MAIN	SEX 1 - FEMALE 2 - MALE	CLASSIFICATION 1 - FRESHMAN 2 - TRANSFER 3 - AUDIT 4 - TRANSIENT 5 - ACCELERATED PROGRAM 6 - RE-ADMISSION 7 - UNCLASSIFIED
SEMESTER 1 - FALL 2 - SPRING 3 - SUMMER		IF NOT A U.S. CITIZEN, ARE YOU A RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please submit a photo copy of your Resident Alien Card.	

RACE/ETHNIC ORIGIN (For Statistical Purposes Only) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No RACE (List any that may apply) 1 - American Indian or Alaskan Native 2 - Black or African American 3 - Asian 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Two or More Races 7 - Race & Ethnicity Unknown	CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident (non-citizen) <input type="checkbox"/> Foreign Visa _____ Indicate country of citizenship if other than U.S. _____ Non U.S. Citizen or Permanent Resident 8 - INTERNATIONAL STUDENT Country of Citizenship _____	EDUCATIONAL OBJECTIVE 1 - Short Term Certificate 2 - Certificate 3 - Career or Technical Degree (AAT) 4 - Training for Business or Industry 5 - Self Improvement (for college credit) 6 - Self Improvement (Audit only, non-credit) 7 - Transient Only (Submit letter from current college) 8 - Dual Enrollment 9 - Other (specify) _____
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SELECTIVE SERVICE: I CERTIFY THAT I COMPLY WITH THE PROVISIONS OF THE UNITED STATES MILITARY SELECTIVE SERVICE ACT (50 U.S.C. APP 453) BY HAVING REGISTERED WITH THE SELECTIVE SERVICE BOARD, OR THAT I AM NOT YET 18 YEARS OF AGE AND WILL REGISTER WHEN REQUIRED, OR THAT I AM NOT REQUIRED BY LAW TO REGISTER.

According to State Board Policy 801.01: Admissions; General, all students must provide one primary form of identification for admission to Alabama community colleges.

One Primary Form of Documentation

Type of Identification: _____

Signed _____ Date _____
College Admissions Office Representative

I hereby affirm that all information given on this application is true and accurate. I understand that withholding or giving false information may make me ineligible for admission to REID STATE TECHNICAL COLLEGE and is reason for termination with loss of credits. Personal photos may be used for college marketing purposes.

NON-DISCRIMINATION POLICY
It is the policy of REID STATE TECHNICAL COLLEGE not to discriminate against any persons on the basis of sex, disability, race, age, color, religion, or national or ethnic origin. The college is in compliance with section 504 of the American Disabilities Act (ADA) Regulations.

Signed: _____ Date: _____
(Applicant's Signature)

Signed: _____ Date: _____
(Parent or Guardian's Signature if under 18)



THE ALABAMA COLLEGE SYSTEM

NURSING PROGRAM APPLICATION

Date: _____

I. Personal Data

Last Name: _____ First: _____ MI: _____ Maiden: _____

Social Security Number: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

II. Education

High School Graduation Year: _____ High School Name: _____

GED (if applicable): _____ Date Completed: _____

Do you currently hold a degree in any field? Yes ___ No ___

List all courses completed. (List additional courses on a separate sheet of paper if necessary.)

Have you attended other colleges? Yes ___ No ___ If yes, list colleges attended with degrees earned if applicable. (List additional courses on a separate sheet of paper if necessary.)

Name of College	City and State	Degree

Have you previously been admitted to a Nursing Program? Yes ___ No ___ If yes, state reason for withdrawal.

Do you hold a current Alabama LPN license? Yes ___ No ___

Have you taken the Accuplacer Test? Yes ____ No ____ If yes, date tested _____

Your name as listed when tested _____

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.

Minimum admission standards include:

1. Unconditional admission to the college.
2. Receipt of completed application for the nursing programs(s).
3. Minimum of 2.5 cumulative GPA for students with nursing required general education courses.
4. Minimum of 2.5 high school GPA for students without prior college work (GED acceptable).
5. Eligibility for English 101 and Math 100.
6. Good standing with college.
7. Meeting the essential functions or technical standards required for nursing.
8. TEAS (The Test of Essential Academic Skills) testing will be done on all nursing applicants. The cost of the test will be the responsibility of the student. The TEAS test must have been taken prior to application.
9. The actual score made by the student will be calculated into the complication of points. The total number of points possible on the TEAS is 450.
10. The TEAS score is good for two (2) years. A student may repeat the TEAS V (or current version) once during any semester admission time frame. The student must wait six (6) weeks between taking each test. A student's score on a previous version of the TEAS test may be considered at the discretion of each college if it is within the two-year time frame.
11. Any student who has a minimum of 18 ACT composite score National or Residual will not be required to take the TEAS exam.

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.

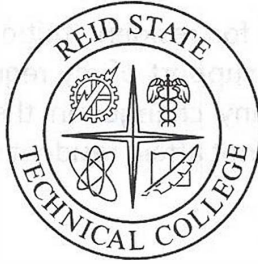
Applicant's Signature

Date

Date received: _____

Initials: _____

Please return to: Reid State Technical College
P. O. Box 588
Evergreen, AL 36401



**THE ALABAMA COLLEGE SYSTEM
CERTIFICATION OF ELIGIBILITY FOR IN-STATE RESIDENCY**

COLLEGE: REID STATE TECHNICAL COLLEGE

STUDENT NAME: _____ SSN: _____

ADDRESS: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

SEMESTER: _____ NUMBER OF HOURS ENROLLED: _____

I submit this application for in-state residency for tuition purposes based on one of the following:

- I (or my non-estranged spouse) have lived in the State of Alabama for at least 12 months.
- I am a minor, and my parent(s)/legal guardian(s) has lived in the State of Alabama for at least 12 months.
- I hereby certify that the above address is my residence in the State of Alabama, and I intend to remain at this address indefinitely. I further certify that I have more substantial connections with the State of Alabama than with any other state.*
- I am a non-resident dependent student, and my supporting person is a full-time permanent employee of this institution.
- I am a non-resident dependent student, and my supporting person can verify full-time permanent employment in Alabama, and said employment will begin within ninety (90) days of my registration.
- I am a non-resident dependent student, and my supporting person is a member of the United States military on full-time active duty stationed in Alabama under orders for duties other than attending school.
- I am a non-resident dependent student, and my supporting person is an accredited member of a consular staff assigned to duties in Alabama.
- I (or my spouse) am a full-time permanent employee of this institution.
- I (or my spouse) can verify full-time permanent employment in Alabama, and said employment will begin within ninety (90) days of my registration.
- I (or my spouse) am a member of the United States military on full-time active duty stationed in Alabama under orders for duties other than attending school.
- I (or my spouse) am an accredited member of a consular staff assigned to duties in Alabama.
- I reside in a county of a state which is within the 50-mile radius of the designated campus of this institution.

I understand that in order to be eligible for resident tuition rates, the burden of proof lies with me. Appropriate documentation is attached in support of my request for eligibility for resident tuition rates. I agree to notify the college if there are any changes in the information submitted with this form. I understand that an out-of-state student cannot attain resident student status simply by attending school for 12 months in the State of Alabama.

Signature of Student

Date

* The following aspects will be considered by the college in determining eligibility for resident tuition rates. (Check categories where documentation has been provided.)

- | | |
|---|--|
| <input type="checkbox"/> Location of high school graduation. | <input type="checkbox"/> Ownership of personal property in the state, payment of state taxes on the property, and possession of state license plates. |
| <input type="checkbox"/> Payment of Alabama state income tax as a resident. | <input type="checkbox"/> Continuous physical presence in the state for a purpose other than attending school, excluding temporary absences for travel, military service, and temporary employment. |
| <input type="checkbox"/> Ownership of a residence or other real property in the state and payment of state ad valorem taxes on the residence or property. | <input type="checkbox"/> Membership in religious, professional, business, civic, or social organizations in the state. |
| <input type="checkbox"/> Full-time employment in the state. | <input type="checkbox"/> Maintenance in the state of checking and saving accounts, safe deposit boxes, or investment accounts. |
| <input type="checkbox"/> In-state residence of a spouse, parents or children. | <input type="checkbox"/> In-state address shown on selective service registration, driver's license, automobile title registration, hunting and fishing licenses, insurance policies, stock and bond registrations, last will and testament, annuities, or retirement plans. |
| <input type="checkbox"/> Previous periods of residency in the state for one year or more. | |
| <input type="checkbox"/> Voter registration and voting in the state (preferably initially occurring at least one year prior to the initial registration of the student in Alabama.) | |
| <input type="checkbox"/> Possession of state or local licenses to do business or practice a profession in the state. | |