

CCTE APPLICATION FORM FOR 1 of 2 guaranteed seats NURSING PROGRAM

Last Name	First Name	Maiden Name	Middle Initial
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Other last names you have used: _____

ACM ID# _____ DOB: _____ Telephone Number _____

E-mail address _____ Daytime Telephone _____

Mailing Address _____
Street City State Zip Code

Are you currently a High School student enrolled at Allegany County Center for Career and Technical Education in the Academy of Health Professions? Yes _____ No _____ if NO, this is not correct application.

Which of the following programs are you applying for? **Choose one only:**

Cumberland

Daytime RN Program: Spring _____ Fall _____ Evening RN Program (Spring even years only) _____

Have you completed all of the Allegany College of Maryland Admissions requirements **including** college application for admission, placement test (if needed)? Yes _____ No _____

Have you completed the following HS credits: Biology, Chemistry, A&P with a minimum grade of B. Yes ____ No ____ (if no, you do not qualify for a seat in the program)

Have you completed the ACT or SAT? If so, when? Yes ____ No ____, _____
 Must be completed by December of senior year for Fall Admission or May for Spring admission

If you have attended another college or previously attended Allegany College of Maryland, please complete:

Name of	Address	Dates of Attendance	Degree or Credit
Institution(s)			Hours Completed

1.

2.

Are you currently enrolled in classes at Allegany College of Maryland? Yes _____ No _____

I certify that all statements given on this application are true and accurate to the best of my knowledge. My signature on this form indicates that I am aware of the competitiveness of the Nursing Program and understand the admission process.

DATE

APPLICANT'S SIGNATURE

Send completed form by deadline date to:

NURSING PROGRAM
 ALLEGANY COLLEGE OF MARYLAND
 12401 WILLOWBROOK ROAD, SE
 CUMBERLAND, MD 21502

**Application Deadlines: Fall--February 28th
 Spring--September 30th**