Brookhaven College Nursing Program
Nursing Program Application

You must select a campus preference and submit only one application during any fall or spring application period:

_____Brookhaven College _____Mountain View College

I am willing to attend the program at either campus? ____Yes ____No

Semester for which you are applying:

☐ Fall 20__ ☐ Spring 20___

Name: _____ _____ _____
Last First Middle/other

Address: _____ _____
Number and Street Apartment #

_____ _____ _____
City State Zip code

Home Phone: _____ - _____ -_____ E-mail: _____

Cell Phone:_____

Social Security Number or Student ID
__ __ __ - __ __ - __ __ __ __ __ __ __ __ __

Is applicant a high school graduate? ___Yes ____No

If not a high school graduate, did applicant earn a General Educational Development, GED, certificate? _____Yes _____No

****A high school diploma or GED is a requirement for admission to the Brookhaven College Nursing Program.

Applicant Statement:
"I have submitted transcripts from the following colleges attended for academic credit, including Dallas County Community Colleges." (**Do not abbreviate college names.)**

University or College Name	City	State
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

I certify that the information on this application is complete and accurate.
Educational opportunities are offered by Brookhaven College without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.

_____

Signature of applicant ***Date***