COLORADO MESA UNIVERSITY

Department of Health Sciences Application for Practical Nursing (PN)

GRAND JUNCTION COHORT

Please Note: This application MUST be submitted via PDF format (ONLY): healthscience@coloradomesa.edu by noon March 1st.

There are **TWO** separate applications for the PN Program: one for the Montrose cohort, and one for the Grand Junction cohort.

Please fill out and submit only **ONE** application for the cohort you are interested in. Applicants will only be considered for **ONE** cohort.

Full legal name:						
Last		First	Middle Initial		Maiden Name	
CMU ID No		CMU email (please print clearly): (This is the email address that will be used to contact you for any				
Mailing address:						
Phone number with area		City	Cell:_()	State	Zip	
Are you a current Colorac	do Mesa University s	tudent? Yes No				
Have you applied to the (CMU PN program bef	fore? Yes No	If yes, which semes	ter:		
Please list any medical ce application (<i>must involve</i>		•	` '			
Kaplan Nursing Entrance	Exam: Date taken or	r scheduled:				

Have you completed the following prerequisites?

				In	Completion Semester/
Course	Class	Yes	No	Progress	Where Completed
ENGL 111	English Composition I				
ENGL 112	English Composition II				
MATH 110	Mathematical Investigations (or higher)				
BIOL 209	Anatomy & Physiology I				
BIOL 209L	Anatomy & Physiology I Lab				
BIOL 210	Anatomy & Physiology II				
BIOL 210L	Anatomy & Physiology II Lab				
BIOL 241	Pathophysiology				
PSYC 233	Human Growth & Development				

Social and Behavioral Sciences Course Any S		ny Social and Behavioral Sciences course							
lease sub	mit proof	ence (include healthcare experience if ap f via email in PDF format. Examples of pro l letterhead.	-	-		-			
Dates employed From To		Name and location where employed		Duties (briefly)					
						•	••		
ll required equirement	applicatio ts. Mainta	ittee reserves the right to select the applicants n materials by the Department of Health Scies ining acceptance in the PN program is conting must be received by the Department of He consideration to the Pra	nces and ent upon ealth Scie	the comp passing ences no	oletion of a backgro	all esse und che	ntial lear eck.	ning and p	orerequisi
atements ciences to	may resi access m	nformation on this application form is accult in dismissal from the program. Furthen Colorado Mesa University records; inclue Office of the Registrar.	, I am gr	anting p	permissio	n for tl	ne Depa	rtment of	f Health
oplicant Sig	gnature (ele	ectronic submission via CMU e-mail address indi	ates pers	onal sign	ature)		Date		