KLAMATH COMMUNITY COLLEGE

Registered Nursing Program Application

Personal Information

Full Name: _____
LAST FIRST M.I.

Address: _____
STREET ADDRESS APT/UNIT #

_____
CITY COUNTY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

E-mail Address (REQUIRED): _____

Name of nearest relative and relationship to you: _____

Date of Birth: _____/_____/_____ Mother's Maiden Name: _____

SS# or Govt ID: _____ CNA Certificate & State: _____

College Attended: _____ Dates: _____

College Address: _____ Phone: _____

Career Choice Information

Describe specific qualities you have that will help you succeed in the Registered Nursing program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____