****

**Ridgewater College - Practical Nursing Application for Fall 2024**

**Full Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last Maiden*

**Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ridgewater Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAR ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(You must already be an accepted Ridgewater College student to apply)**

**Which campus are you applying to?** **Willmar only\_\_ Hutchinson only\_\_\_ Both \_\_\_**

**If you want to be considered for acceptance on BOTH campuses and your ranking would allow us to accept you to either campus – what is your preferred campus?**

**Willmar or Hutchinson (please circle one only)**

**Did you attend a Nursing Information Session? \_\_\_\_\_\_\_ (Yes or No)**

**Are you on the current on the Minnesota Nursing Assistant Registry? This is required and will be verified with the Minnesota Board of Health.**

**YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_**

**Selection Criteria**

**GPA from the following courses is used in the ranking of PN applicants. Please list the information for the various courses:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Institution** | **Semester** | **Year** | **Grade** |
| **PRNU 1617 or HLTH 1130** |  |  |  |  |
| **Psychology 1310** |  |  |  |  |
| **ENGL 1209 or ENGL 1210** |  |  |  |  |
| **BIOL 1080 or BIOL 2100/BIOL 2110** |  |  |  |  |

 |

***I certify that the information given on this application form is accurate information. I understand that false or inaccurate information will void my application. I understand that I am applying for the Practical Nursing Program, which does not allow direct admittance to the RN program.***

***Applicant signature Date***

***Please keep a copy of this application for your records.***

**SEND COMPLETED APPLICATIONS TO:**

**Ridgewater College**

**Admissions Office – Matt Roberts**

**2 Century Avenue SE**

**Hutchinson, MN 55350**

***Application questions can be directed to*:**

**Matt Roberts – Hutch Campus – (320)234-8505** **matt.roberts@ridgewater.edu**

**Ellery Knight – Willmar Campus – (320)222-6071** **ellery.knight@ridgewater.edu**