

Application (B)

(For returning students only)

Instructions:

Print Application- Application must be completed entirely to be eligible.

Complete the attached work pages section I and II.

Attach the following documents to this application:

1. An updated "Official" South Texas College transcript with completed application.
2. Entrance Exam HESI A-2 Scores
3. A copy of clearance from the BON

Applications must be hand delivered

Set up an appointment on a timely manner at either location listed below:

McAllen Location	Weslaco
South Texas College- Nursing Allied Health Vocational Nursing Program Suzy Castellanos Phone (956) 872-3011	South Texas College- Mid-Valley Vocational Nursing Program Liz San Roman (956) 447-6632

I have read the contents of this application, and I am responsible for the applications' completeness and the information contained within it. I certify that the information provided within this application is true, correct, and realize that reporting untrue information or an incomplete application will result in my disqualification from the application pool and program.

X _____
 (Student's Signature)

 (Date)



Nursing Allied Health Division

P.O. Box 9701 McAllen, TX 78502-9701

Application
Re-Entry
Vocational Nursing Program

Section I - Required Information

Application Date: _____

Please complete the application for the opportunity of being re-selected into the program:

Name: _____ DOB: _____ Age: _____
Print or type clearly (Last Name) (First) (MI)

(Please place a check mark in the appropriate box) Gender: Female or Male Other

Ethnicity: White Hispanic Native American Asian African American Pacific Islander
 or other _____

Residence Address: _____
(No. and Address) (City) (State) (Zip Code)

Mailing Address: _____
(No. and Address) (City) (State) (Zip Code)

Phone Number: _____ Cell Phone Number: _____
(Home Number) (Circle on: Cell, Work, or Emergency phone number)

STC Email Address: _____ STC ID#: A _____

Please provide the last semester and year in which you attended the Vocational Nursing Program at STC:

Fall _____ Spring _____ Summer _____

Section II- Essay

Please type a full page Essay stating what you will do differently to be successful in the Vocational Nursing Program. (Be very specific with your plan.) No skipping spaces- Please type
START Now

Student's Name: _____ A#: _____