



NORTHERN WYOMING COMMUNITY COLLEGE DISTRICT
Gillette / Sheridan Nursing Program Application

Applicant Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Application due March 1

Choose location: (SELECT ONLY ONE)

- Only Sheridan College, Only Gillette College, BOTH Preference priority Sheridan, BOTH Preference priority Gillette

- Readmission or Advanced Placement Application: Semester 2, Semester 3, Semester 4

Name: Last First Middle

Phone Email Date of Birth

Address: Street City State Zip

Emergency Contact: Name Phone Relationship

High School Graduation: Year School Name City, State

High School Equivalency Certificate Date of Completion:

Have you previously attended Gillette College or Sheridan College? Yes No

U.S. Citizen? Yes No If no, of what country are you a citizen?

Wyoming Resident? Yes No How long have you lived in Wyoming?

Table with 4 columns: Previous Colleges Attended, Name/Location of Institution, Dates Attended, Degree/Certificate, Name Enrolled Under

I declare under penalty of perjury that the information furnished is to the best of my knowledge and belief true, correct, and complete.

Student Signature Date

Return Application to:

Sheridan College - Nursing, Gillette College - Nursing, contact information and website

FOR NURSING PROGRAM OFFICE USE ONLY:

Form with two columns: Pre-requisites completed (A&P I, English 1010, Math 1400, Biology 1010, HESI A2 Exam Score, Total Score) and Co-requisites completed (A&P II, Nutrition, Writing, Government, Psychology)