



**SOUTH FLORIDA  
MEDICAL  
COLLEGE**

**NEW STUDENT APPLICATION**

**PROGRAM OF INTEREST**

- Practical Nursing
- Associate Degree in Nursing
- Advance Standing
- Transfer Student

**GENDER**

- Male
- Female

**PROGRAM TIME**

- Morning
- Evening

**ETHNICITY**

- African American
- Hispanic
- Caucasian
- Native Indian
- Other

**STUDENT DATA:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Previous Last Name(s), if any: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE:	STATE GRANTING LICENSE:	LICENSE NUMBER:
TYPE OF LICENSE:	STATE GRANTING LICENSE:	LICENSE NUMBER:

**STUDENT INFORMATION:**

Have you ever been convicted of a felony or a misdemeanor?

- Yes
- No

If yes, give details including date and nature of offense: \_\_\_\_\_

Miami Gardens Campus  
 1111 Park Centre Blvd, Suite 102, Miami Gardens, FL 33169  
 Telephone (305) 625-2112 Fax (305) 625-1008

South Florida Medical College School of Nursing admits students and makes available to them its advantages, privileges, courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

**ACADEMIC INFORMATION:**

Name of High School: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**COLLEGES OR INSTITUTION:**

College Attended: \_\_\_\_\_ College Attended: \_\_\_\_\_

Programs Studied: \_\_\_\_\_ Programs Studied \_\_\_\_\_

Did you Graduate: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Final GPA: \_\_\_\_\_ Final GPA: \_\_\_\_\_

**REFERENCES:**

Please list 2 personal and/or professional adult references. (Must not be relative)

**Reference: 1**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_  
How do you know this individual: \_\_\_\_\_

**Reference: 2**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_  
How do you know this individual: \_\_\_\_\_

**SIGNATURES**

The statements and information furnished in this application are true and complete.

*My signature certifies that I have read and agreed with the above Statements.*

**Print Name:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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