

## Program Name: Registered Nurse

The checklist below is a tool to help insure that your application will be reviewed for eligibility for this program. Please make sure that you have checked each area and submitted appropriate documentation where needed.

	Completed/signed ICC application
	Copy of high school/college transcripts (including ICC transcript accessible through e-services) enclosed; or copy of GED documentation including scores enclosed (contact the Superintendent of the Educational Service Region) <b>(Packets submitted without copies of transcripts will not be scored)</b>
	<b>Official</b> high school and college transcripts (sent from the issuing institution to ICC Health Careers Department sent <b>no later than 2 weeks after submitting application</b> , or enclosed in a <b>sealed</b> envelope from issuing institution submitted in the application packet)
	Compass placement test taken at ICC or equivalent test at another college (not required if you already have an Associate's or Bachelor's degree) (scores available through testing office)
	Compass score places you into Read 115 (or 'C' or better in READ 104)
	Compass score places you into ENGL 110 (or 'C' or better in ENGL 105)
	ACT score of 20 or above (18 if tested prior to Oct. 28, 1989) <b>or</b> 18 or more semester hours of approved courses taken at ICC or equivalent courses at other colleges ('C' or better required in these courses; courses numbered below 110 do not apply)
	Illinois Central College GPA of 2.5 or above (if you have attended ICC)
	Cumulative GPA of 2.5 from all colleges attended <b>or</b> 18 hours of approved 'program' courses at ICC or other colleges with 2.5 average
	1 year high school chemistry <b>or</b> equivalent college chemistry ('C' or better) <b>within last 5 years</b>
	1 year high school algebra <b>or</b> MAT 104 or 107 ('C' or better) <b>or</b> placement into MAT 108

**You must sign and date in the area below, stating that you have read and understand the eligibility requirements of this program.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

The checklist below is a tool to help insure that your application will be reviewed and Points determined for this program. Please make sure that you have checked each area and submitted appropriate documentation where needed. Application

	All program eligibility requirements have been met. (I am able to check each area of the above form)
	Work experience/volunteer form enclosed (optional)
	Copy of previous health degree/certificate or licensure in health discipline (optional)

**deadline is January 15<sup>th</sup> of each year.**

**You must sign and date in the area below, stating that you have read and understand the documentation needed for possible selection into this program.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_