



**Practical Nursing Department**  
**Practical Nursing Application**

Note: application deadlines - Fall: June 30<sup>th</sup>  
Spring: October 31st

Return application via email: [tdarity@albanytech.edu](mailto:tdarity@albanytech.edu) (type in subject line: PN Application)

ATC Student ID #: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Other Names Used

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone: \_\_\_\_\_  
Home Business Cell

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Number

Have you ever attended Albany Technical College? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what year? \_\_\_\_\_

Have you ever attended or are currently attending another college/university? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever attended an LPN program at ATC or another school? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_ Dates: \_\_\_\_\_

I am Interested in transferring credits from another college. Yes\_\_\_\_\_ No\_\_\_\_\_

Did you receive a (D) or (F) in any of your nursing courses at this or another school?

Yes\_\_\_\_\_ No\_\_\_\_\_ (If you received a “D” or “F” in 1 or more practical nursing courses within the past 5 years you may not be eligible for this program): **I have read enclosed Practical Nursing Transfer Admissions Guidelines \_\_\_\_\_ (initial here).** **\*\* (Transcripts must be submitted with application)**

**\*\* NOTE: AN ARREST OR CONVICTION OF ANY MORAL/AND OR LEGAL VIOLATION OF THE LAW MAY PREVENT A GRADUAT FROM TAKING THE LICENSURE EXAM FOR THE STATE OF GEORGIA.**

*I certify the above information is correct to the best of my knowledge, and I understand that failure to give accurate and complete information may invalidate my admission into the Practical Nursing program.*

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_