



**COLUMBIA
GORGE
COMMUNITY
COLLEGE**



Linfield College

ADULT DEGREE PROGRAM

**COLUMBIA GORGE COMMUNITY COLLEGE
LINFIELD COLLEGE RN-BSN PROGRAM**

APPLICATION FOR CO-ADMISSION

Enrollment Plans:

I am applying for Co-Admission for 20____ (year): Fall Winter Spring Summer

I plan to begin Linfield's RN to BSN in 20____(year): Fall Spring

Contact Information

Name: _____
Last First Middle

Nickname: _____ Former name(s), if any _____

Social Security Number or Columbia Gorge CC ID #: _____
(See Social Security disclosure statement at end of this application)

Mailing Address: _____
Number and Street Apt.

Permanent Address: _____
City State Zip/Postal Code Country

Number and Street Apt.

Phone: Home () _____ Work () _____ Cell () _____
City State Zip/Postal Code Country

E-mail: _____

Personal Information

OPTIONAL: Sex and Race/Ethnicity:

Gender: Male Female

Are you Hispanic/Latino? (HL) Yes No (Regardless of your answer, please select one or more below)

Am Indian/Alaska Native (NV) Black or African Am (AB) White, Non Hispanic (WH)

Asian (AS) Native Hawaiian or Other Pacific Islander (HP)

Please Describe Background: _____

Date of Birth: ____ / ____ / ____ Birthplace: _____

Are you an Oregon Resident? Yes No

Are you a U.S. Citizen? Yes No If not, are you a permanent resident? Yes No

If not, country of citizenship: _____ If not a U.S. citizen, do you hold a Visa? Yes No

Visa type _____ Visa number: _____ Date Issued: _____

What is your first language? _____ Language spoken at home? _____

If English is not your first language, have you taken the TOEFL exam? Yes No

TOEFL Score: _____ Test Date: _____

Academic Information

High School Name: _____ Date of Graduation _____

List all colleges you have attended, beginning with present or most recently attended. (No exceptions even for students with a degree.) Attach a separate sheet if necessary.

College/University <i>(Please use full institution name)</i>	Dates Attended	Reason For Leaving

Have you completed a degree or do you anticipate completing a degree prior to enrollment at Linfield? Yes No

Institution Name _____ Degree _____

Date of Completion _____

Current Academic Information

I am currently enrolled in, or will be enrolled in, courses at: _____
(please write full institution name).

Academic Year: 20____ - 20____

List Course Titles & Numbers of Courses you plan to complete:

Fall Term	Winter Term	Spring Term	Summer Term

Student Self-Evaluation and Activities

Work or Volunteer Experience – Please list below any jobs or volunteer experiences you have held either full-time or part-time in the past five years. List your current or most recent employment first. Feel free to include a resume.

Position	Company	Hours per Week	Dates of Employment

Financial Information

The Financial Aid Office of Linfield College and Columbia Gorge Community College will exchange information relevant to the determination of your aid eligibility with each other, the Oregon Student Assistance Commission, and other schools participating in the Oregon Financial Aid Exchange.

Are you applying for financial aid? Yes No

If yes, you must file the Free Application for Federal Student Aid (FAFSA) and list both Columbia Gorge CC and Linfield College.

Columbia Gorge CC (school code 041519) and Linfield College (school code 003198)

Have you filed a FAFSA form? Yes – Date filed? _____ No – Date to be filed? _____

Are you a dependent of a Linfield employee? Yes No

Name of Linfield employee: _____

By signing this application, I certify that all the information I have given is complete and true. I acknowledge that confidential and sensitive information relating to testing, placement, financial aid, and transcripts as well as diagnostics relating to student disabilities, if submitted to Linfield College or Columbia Gorge Community College will be available to those institutions where the student is enrolled. I understand that electronic data transmission may be done through the Oregon Student Assistance Commission.

Student Signature _____ **Date** _____

Social Security Number Statement: Providing your Social Security Number (SSN) is voluntary. If provided, the college will use your SSN for records, research, and reporting. The college will not use your SSN to make any decisions directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student.

SUBMIT THE FOLLOWING MATERIALS TO COLUMBIA GORGE NURSING DEPARTMENT:

- A completed and signed application form.
- Official transcripts from all colleges and universities attended.

CO-ADMISSION CRITERIA:

- Students must be in pursuit of an Associate of Applied Science Degree in Nursing at Columbia Gorge Community College. Students who have completed the Associate of Applied Science Degree in nursing, pass the NCLEX-RN exam and hold a current unencumbered RN license, are eligible for the RN to BSN program under this agreement. This does not pertain to students applying to the Linfield-Good Samaritan School of Nursing for a first RN license.
- Students must meet current Linfield College admission requirements. Applicants must have completed 45 quarter hours or 30 semester hours of transferable credits from a regionally accredited U.S. institution when applying to Linfield as a full-time student.
- GPA requirement for the Adult Degree Program: minimum 2.0 in recent coursework from regionally accredited colleges. Grades of C- and below will not transfer.
- RN to BSN program requires 2.75 GPA in prerequisites and Linfield curriculum.
- Each student enrolled in the RN-BSN program will be required to agree that his or her student academic and conduct records will be shared between and available to each institution.

PLEASE SUBMIT A COMPLETE APPLICATION PACKET TO:

Columbia Gorge Community College
Nursing Program
400 East Scenic Drive
The Dalles, Oregon 97058
541-506-6011