



**Collin County Community College District
Nursing Program(s) Admission Application
RN Refresher Program**

*Read the application carefully, complete, sign, and submit with required documents to:
Submitting this application is not a guarantee of submission to the program.
Separate applications should be completed for each program.*

Collin County Community College
Attention: Nursing Department
2200 W. University Drive
McKinney, Texas 75071

(Please Select ▼)

RN Refresher Program

Fall - Course Date: _____

Spring - Course Date: _____

Summer - Course Date: _____

I. Personal Information *(Please Print)*

Last Name		First Name		Middle Initial	
Other Legal Names Used on Records					
Street Address				County	
City		State		Zip	
Home Phone		Work Phone		Cell Phone	
Email Address			Employer		
CWID #			Social Security #		

II. Academic Information

List any degree(s) or certifications you have earned and your major:

III. Employment

Are you eligible to work in the United States and/or its territories? Yes No

I certify that the information contained and submitted in support of this application is correct and complete.

Please send copies of all immunization records to the address above.

CCCCD does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.

Revised: March 2009