

LPN to RN Program Application - Summer 2026

FORM A

LAST NAME: _____	FIRST: _____	MIDDLE: _____
PREVIOUS NAMES: _____	MAIDEN NAME: _____	
MAILING ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____		
COUNTY OF RESIDENCE: _____	HOW LONG? _____	
Cochise College		
STUDENT ID: C - - - - -	E-MAIL: _____	@students.cochise.edu
PHONE: (home) (____) _____ - _____	WORK: _____ - _____	CELL: _____ - _____

Cochise College Policy 3004.1 allows students the opportunity to waive a prerequisite course. Students seeking a prerequisite waiver should consult with an academic advisor and should understand full responsibility for the outcome of the course taken will be on the student.

Pre-nursing students may not waive core nursing and required general education courses per degree plan.

COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: _____	CITY/STATE: _____
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COLLEGE: _____	CITY/STATE: _____
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AGREEMENT OF UNDERSTANDING

By initialing each of the following, I the applicant understand:

- _____ Willful withholding or falsification of the requested information, or failure to submit all requested forms, will indicate that I am no longer eligible for admission to the Cochise College Nursing Program and may constitute fraud and thus may result in denial of licensure by the Arizona State Board of Nursing.
- _____ Forms/documents listed below must be post-marked no later than **January 10** for Summer semester and according to the submittal requirements in order to be considered for acceptance into the Cochise College Nursing Program.
- _____ The Cochise College Nursing Department requires a state-issued Fingerprint Clearance Card (as specified by law for participation in the clinical experiences).
- _____ The Cochise College Nursing Department requires a drug screen after admission to the program. Will be assigned by the nursing department.
- _____ The applicant understands that submittal of the application and all other required documents does not guarantee acceptance. In order to ensure proper notification of acceptance or decline into the program for a student, it is the responsibility of the student to keep the Cochise College Nursing Department informed of important changes such as a name change, or a change of address.

Applicant's Signature _____

_____/_____/_____
Date

I, the applicant, understand the following application deadline date: **January 10, 2026**

FORM	DUE DATE	SUBMITTAL REQUIREMENTS
Application Packet, include: ✓ Program Application ✓ Waiver of Licensure Guarantee ✓ Copy of Arizona LPN license in Good Standing ✓ Official Transcript(s) from institutions other than Cochise College (if you have already submitted you do not have to send them again) ✓ Fingerprint Clearance Card www.AZDPS.GOV , (CLICK ON APPLY FOR A CARD) ✓ LPN to ADN HESI exam score, 900 or higher ✓ Letter from employer on letterhead stating one-year LPN work experience.	January 10, 2026 no later than 4:00 pm cannot be post-marked later than this date.	The application can be sent via certified mail <u>or</u> delivered in person at Nursing and Allied Health in the Downtown Center, Sierra Vista. If mailing, please send to the following address: Cochise College Nursing 901 N. Colombo Ave Sierra Vista, AZ 85635



EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, on the basis of race, color, creed, religion, sex, or national origin will be denied the benefits of, excluded from, or subject to discrimination under any educational program or activity.