



**Clatsop
Community
College**

Fall 2027 AAS Nursing Admissions Application For Phase I

Application Period: January 4, 2027 to February 16, 2027

Application Fee: \$75.00 (non-refundable)

It is important that you follow the **Nursing Program Application Instructions** as you complete the application. This document is on the CCC Website under Nursing →2027 *Instructions & Application*. The application, all attachments, official transcripts, and \$75.00 application fee are due by 5:00 p.m. (PST) on February 16, 2027.

SECTION 1

Personal Information

CCC Student ID Number _____ Date _____

Last Name _____ First Name _____ MI _____

Other Last Names Used _____ Date of Birth _____

Personal Email Address _____ Phone Number _____

CCC Email Address _____

ALL COLLEGES ATTENDED Please list all colleges/universities, location and dates in the order of your attendance, including Clatsop Community College, if you have been a student here.

Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____
Name _____	City/State _____	From _____	To _____

Have you completed a two-or four- year college degree? ____yes ____no If yes, list highest degree, college, and year completed.

College Name	Degree Name	Term/Year Completed
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SECTION 2

Nursing Application Checklist for Attachments

- ☐ 1. I took the TEAS Test on or after August 16, 2027, **and** I will upload the test results with my application. **(Required)**
- ☐ ~~2.~~ I have completed the *Pre-Requisite Course Completion Form* **and** will upload it with my application. **(Required)**
- ☐ 3. I have completed the *Phase I Points by Category Form* and will upload it with my application. **(Required)**
- ☐ 4. I have volunteer experience and will upload the *Volunteer Verification Form(s)* and required documentation with my application. **(Optional)**
- ☐ 5. I am claiming residency and will upload the *Declaration of Residency Form* and required documentation, if applicable, with my application. **(Optional)**
- ☐ 6. I have military service that I want to be considered **instead of claiming residency**. I will upload the *Declaration of Military Service Form* and required documentation with my application. **(Optional)**
- ☐ 7. I have relevant work experience and will upload the *HealthCare Work Experience Verification Form* and required documentation, if applicable, with my application. **(Optional)**
- ☐ 8. I have demonstrated proficiency in a second language and will upload the *Declaration of Second Language Proficiency Form* and applied documentation with my application. **(Optional)**
- ☐ 9. I have requested official transcripts from all other colleges that I have attended. I understand that these transcripts must be received by February 16, 2027. **(Required)**
(Transcripts from CCC do not need to be requested as they are already on file.)
- ☐ 10. If invited to Phase 2, I prefer to sit for the proctored essay on Friday, April 16: **(Required to select one time below)**
_____ 9:00 a.m. to noon _____ 1:00 p.m. to 4:00 p.m.
- ☐ 11. I have paid the \$75.00 non-refundable application fee. **(Required)**

Applicant Signature: I have read and understand the *Nursing Program Application Instructions for Fall 2027*. I certify that I have provided accurate information and understand that if it is found otherwise, my application will be considered invalid. I have included all required and other relevant application materials listed above.

Applicant Signature _____ Date: _____

Applicant Printed Name _____

*It is the policy of Clatsop Community College (CCC) that there will be no discrimination or harassment on the grounds of race, color, sex, gender, marital status, religion, national origin, age, sexual orientation, gender identity or expression or disability in any educational programs, activities, or employment. Refer to page two of the **Nursing Program Application Instructions for Fall 2027** for the complete policy statement.*