



Southwestern Michigan College Nursing (LPN-RN) Program Application

Application Checklist

Complete the Full Checklist BEFORE submitting.

Forms to Be Signed

- _____ Cover Sheet and Acknowledgement of Application Guidelines
- _____ Application to Begin Nursing (RN) Program
- _____ Health Record – Physicians Form
- _____ Health Record – Applicants Form

Other Required Documentation

- _____ Copy of Driver's License
- _____ Proof of U.S. citizenship, legal permanent residence, or valid non-immigrant status that permits study in the United States or Valid DACA Approval.

*Acceptable documentation:

- **U.S. Citizenship** - birth certificate, passport, certificate of naturalization
- **Legal Permanent Residence** - permanent resident card (green card)
- **Non-Immigrant Status** - I-20 Certificate of Eligibility for F-1 students or visa stamp + I- 94 record or I-797 Approval Notice for Change of Status + I-94 record
- **DACA** - I-797 Approval notice for consideration of Deferred Action of Childhood Arrivals.

Other Requirements

- _____ SMC Student ID picture taken. This may be done at the Dowagiac Campus in the Student Activity Center or at the Niles Campus Main Office



Southwestern Michigan College School of Nursing and Health Services – LPN-RN

Cover Sheet and Acknowledgement of Application

Name: _____

Student ID Number: _____

Uniform Top Size: _____

Uniform Bottom Size: _____

Check one: Men's/Unisex Women's

General Guidelines

Please read and understand the following before filling out the nursing application.

- No incomplete applications will be accepted.
- The Kaplan Admission Exam must be completed prior to turning in your application. Kaplan expires in one year from the date test was taken.
- All complete applications must be turned into the Nursing and Health Services Office. The Nursing and Health Services Office will review your application for completeness.
- In order to complete your application in time, it is recommended that the nursing application be started AT LEAST 2 months before its due date.
- EDUC 120 is required for degree completion. It is recommended this course be taken prior to admission to the nursing program or during the first semester of the nursing program.

Application Due Dates

Nursing Admission Semester Start	Application Due Date
Fall Cycle Admission (September Start)	June 1
Spring Cycle Admission (January Start)	November 1

Signature of Acknowledgement of Application Guidelines: _____

Nursing Uniform Order Form

Student Name: _____

N Number: _____

Please Check One:

Men's/Unisex

Womens

Shirt Size: _____

Pant Size: _____

Jacket Size: _____

Cherokee® Women's Size Chart (in inches)

Size	XXS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
	00/0	2/4	6/8	10/12	14/16	18/20	22/24	26/28	30/32	34/36
Bust	31-32	33-34	35-36	37-39	40-43	44-47	48-51	52-55	56-59	60-63
Waist	24-25	24-25	26-27	28-30	31-34	35-38	39-42	43-46	47-50	51-54
Hip	33-34	35-36	37-38	39-41	42-45	46-49	50-53	54-57	58-61	62-65

Cherokee® Men's/Unisex Size Chart (in inches)

Size	XS	S	M	L	XL	2XL	3XL	4XL	5XL
Chest	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64
Waist	24-26	27-29	30-32	34-36	38-40	42-44	46-48	50-52	54-56
Hip	32-34	35-37	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Sample uniforms are available at the Southwestern Michigan College Bookstore. If you are unsure of your size, please visit the bookstore to try on the sample sizes.

2 uniform tops, 2 uniform bottoms and 1 uniform jacket will be ordered in your size.



Southwestern Michigan College School of Nursing and Health Services – LPN-RN

Nursing Program Application

Complete and return to the Nursing Department and Electronic signatures are not accepted

NAME

Last: _____ First: _____ Student ID Number: _____

LOCAL ADDRESS

Street: _____ City: _____

State: _____ Zip: _____ Phone (home): _____

Phone (work): _____ SMC EMAIL: _____ @swmich.edu

NON-SMC EMAIL: _____

Prerequisites and Grades Earned *Include courses in progress and If transferred, use a "T"

L.P.N– A.D.N. (Registered Nursing for LPNs)

Course	Grade	Semester Taken
BIOL 214		
BIOL 215		
ENGL 103		
NURS 167		
PSYC 101		

Which Semester do you wish to begin Nursing?

1st Choice (List Year)

- Fall (Sept) _____ Spring (Jan) _____

2nd Choice (List Year)

- Fall (Sept) _____ Spring (Jan) _____

Please Initial the below statement: _____

****NOTE:** Prerequisites may only be repeated once to be considered for admittance to the nursing program

Student initials: _____ Date: _____



Nursing Program – LPN-RN

Health Record/ Physician's Form

TO THE PHYSICIAN: The applicant has been asked to complete the history on the attached copy. Please review for accuracy. Using the following form please make the necessary examinations. This information will be used in the best interest of the applicant and patient safety. This applicant is being considered for a health occupation; therefore, we are concerned about physical stamina. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Applicant's Name: _____

Ht _____ Wt _____ BP _____ P _____ R _____ T _____

Check Each Item

	Normal	Abnormal	Nature of Abnormality
Skin			
Head/ Neck/ Thyroid			
Eyes/Vision			
Ears/Hearing			
Nose/Sinuses/Mouth			
Throat/Nodes			
Chest/Breasts			
Lungs			
Heart			
Abdomen			
Extremities/Joints			
Vascular			
Neuro/Reflexes			
Mental Status			

Is this applicant subject to any physical limitations? No _____ Yes _____

Explain, if yes _____

Additional comments regarding the applicant's physical and/or mental health?

Physician's Signature _____

Date _____



Southwestern Michigan College School of Nursing and Health Services – LPN-RN

Nursing Program Health Record/ Applicant's Form

INSTRUCTIONS TO THE APPLICANT: This form must be completed, signed and returned to The Nursing Office. All information is confidential and should be as complete as possible. This information will be used in the best interest of the applicant and patient safety. 58900 Cherry Grove Rd, Dowagiac, MI 49047

Please PRINT IN INK or TYPE. You should complete this form. Your physician should complete the other form. Please make sure that you and your physician sign in the proper places.

PART ONE—TO BE COMPLETED BY THE APPLICANT

DATE _____

Last Name _____ First Name _____

Sex M ☐ F ☐ DOB _____ Student ID _____

Street _____ City _____ State _____ ZIP _____

Current Phone number (hm) _____ (wk) _____

Current Medications _____

Current conditions under MD's Care _____

Sensitivities or Allergies _____

Physical Impairments _____

Do you have a lifting weight restriction-if yes, please explain.

History

Have you had the following	No	Yes	If Yes, Explain
Tuberculosis			
Diabetes			
Epilepsy			
Cancer			
Asthma			
Heart Disease			
High Blood Pressure			
Eye or Ear Problems			
Shortness of Breath			
Kidney Disease			
Fainting or Dizzy Spells			
Color Blindness			
Contact Lenses			
Severe headaches			
Anxiety Reactions			

NEXT PAGE

PAGE 2 of Health Record/ Applications Form

PRINT name of physician who will perform your examination:

Name _____

Street _____

City _____ State _____ ZIP _____

Phone _____

To the best of my knowledge, the above information is correct. I understand that misinformation may result in dismissal.

Applicant's Signature _____ Date _____



Dear Applicant/Student:

Effective July 1, 2024, the U.S. Department of Education requires post-secondary institutions to attest that programs preparing students for licensure satisfy the educational requirements in:

- The state in which the institution is located;
- The state in which the student is located at the time of initial enrollment, or the state where the student attests they intend to seek employment.

Federal Regulation 34 CFR 668.14(b)(32)(ii)

Southwestern Michigan College has determined the Associate of Applied Science in Nursing program does meet licensure/certification requirements in Michigan, Indiana and Maryland.

Southwestern Michigan College has not yet determined the Associate of Applied Science in Nursing program meets licensure/certification requirements in states other than Michigan, Indiana and Maryland. For a determination of a state's licensure/certification requirements, please submit a request to Melissa Kennedy, Dean of Nursing and Health Services at mkennedy03@swmich.edu or 269-782-1241.

I attest that I intend to seek employment in the state of _____ and understand the above information related to licensure in that state.

Print Student Name

N Number

Signature

Date