



**RADIANS  
COLLEGE**

1025 Vermont Avenue, NW  
Suite 200  
Washington, DC 20005  
Tel: 202-291-9020  
Fax: 202-291-8013

**APPLICATION FOR ADMISSION  
PN**

**Today's Date:** \_\_\_\_\_

**Expected Start Date:** Year: \_\_\_\_\_

**Session (Day):** \_\_\_ January \_\_\_ May \_\_\_ September

**Session (Eve):** \_\_\_ March (Eve) \_\_\_ September (Eve)

**PERSONAL INFORMATION (Please print clearly)**

Name: \_\_\_\_\_  
Last First M.I.

S.S. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip Code

Phone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If no, Country of Citizenship: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

EDUCATION	INSTITUTION NAME	CITY / COUNTRY	DATES ATTENDED	DEGREE / DATE
HIGH SCHOOL / GED				
POST - SECONDARY				
COLLEGE / UNIVERSITY				

**WORK EXPERIENCE**

INSTITUTION / FACILITY NAME & ADDRESS	POSITION / TITLE	DATES EMPLOYED

How did you hear about Radians College? (Please check all that apply)

Friend  Ad (Please specify) \_\_\_\_\_  
 Radians College Student or Graduate  
 Faculty Member  Other (Please specify) \_\_\_\_\_

Write a **paragraph** explaining why you want to become a Practical Nurse?

What is your ethnic classification? (For statistical reporting only)

African  Black, Non-Hispanic  White, Non-Hispanic  
 Native American  Hispanic  Asian/Pacific Islander  
 Unknown

Application fee **\$75.00** (non-refundable) is due at the time of the pre-admission examination.

I certify that the information I gave in this application is true and correct to the best of my knowledge, knowing that withholding or misrepresenting information may result in my dismissal from the program. If admitted, I agree to abide by the policies and procedures of Radians College.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_