



LOUISIANA TECHNICAL COMMUNITY COLLEGE

Transfer / Re-Entry Application

Practical Nursing Program - Minden & Mansfield Campuses

Name: \_\_\_\_\_  
Last First Middle Maiden

Full name when previously enrolled: \_\_\_\_\_

Present address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Home # Cell # Last 4 # of Social Security No.

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship

Contact's phone number: \_\_\_\_\_  
Home Work

If Re-Entry, last semester previously enrolled at NLCC: \_\_\_\_\_ Campus location: \_\_\_\_\_

If Transfer, last semester previously enrolled in a nursing program. \_\_\_\_\_

List ALL colleges attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pre-Nursing/Nursing Courses you have successfully completed: \_\_\_\_\_

\_\_\_\_\_

Course(s) you need to retake: \_\_\_\_\_

Have you ever been convicted of, plead guilty to, or entered a plea of nolo contendere (no contest) to any violation other than a summary offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Seeking Admissions at Minden \_\_\_\_\_ or Mansfield \_\_\_\_\_? (check one)

\*Reason for withdrawal from the school: \_\_\_\_\_

\*Reason desiring readmission or transfer: \_\_\_\_\_

\*Students may attach additional page for more details.

I certify that all information provided on this application is true and accurate.

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

Readmission and Transfer enrollment is competitive and considered on a space available basis at the discretion of the Program Director and admissions committee.