ALAMO COLLEGES DISTRICT
St. Philip's College
Nursing Education Department

Associate Degree Nursing Program
Certification Statement

I _____, understand that I must submit a **complete** application to the St. Philip's College Associate Degree Nursing Program. I agree to have the required transcripts necessary for any admission to St. Philip's College sent to the office of Records and Registration as well as upload all official transcripts for all colleges attended with this application.

I understand that only my **first** application will be accepted and reviewed. Any other submissions will not be reviewed.

I understand that the minimum cumulative GPA for admission into the St. Philip's College Associate Degree Nursing Program is a 2.8. If my GPA is found to be less than 2.8, my application and/or admission into the Associate Degree Nursing Program will be withdrawn.

I also agree that my complete application includes the items listed in the information packet. I understand that if I am ineligible scholastically at St. Philip's College, I will be withdrawn from the program.

I understand that if I am applying to the Associate Degree Nursing Program, I must inform the program of prior ADN program failures and will be dismissed if I failed to declare this information. Dismissal will occur if admitted and discovered after acceptance.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of St. Philip's College, as appropriate. The information obtained will be kept confidential and may only be used in accordance with applicable laws, executive orders and regulation/policies of St. Philip's College and St. Philip's College Associate Degree Nursing Program

I agree, if I am accepted into the Associate Degree Nursing Program, that I will abide by all policies in the SPC and ADN handbooks and will be held accountable for understanding these policies and my role throughout the entire program.

_____ _____
Applicant Printed Name Date

_____
Applicant Signature