

Associate Degree Nursing (ADN) Program Transfer Information



Richland Community College One College Park Decatur, Illinois 62521

Thank you for your interest in transferring to Richland Community College ADN Program. This document describes procedures and policies the ADN Program adheres to in admitting prospective transfer students. Please read the entire document before completing the required form.

Richland Community College ADN Program Policy on Prospective Transfer Students

ADN prospective transfer students are defined as students who have successfully completed with a C or better nursing core coursework at another institution and are seeking transfer admission into the program. Transfer students must complete a minimum volume of core nursing coursework at Richland Community College.

Equivalent credit for previous nursing coursework is not automatically granted. Students may be asked to complete

Ethical Standard Requirements

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Background Checks

Richland Community College' clinical site require students to complete a background check prior to entering their

Declaration of Nursing Education

Richland Community College One College Park Decatur, Illinois 62521



Applicant's Printed Name _____

Student, please read & sign: Under the Federal Law entitled the Family Educational Rights and Privacy Act (FERPA), you do not have the right to inspect or review your records. We believe that you are a responsible adult and you are capable of making your own decisions regarding your performance and academic progress. You will be responsible for all decisions made. Please carefully read both statements below and sign your name after the first statement if you agree or no longer review this form or after the second if you wish to inspect your records.

I do hereby agree to review the contents of this form. _____
Applicant's Signature Date

I do NOT hereby agree to review the contents of this form. _____
Applicant's Signature Date

Person Providing Evaluation: The person listed above is applying for transfer admission to the Richland Community College Associate Degree Nursing (ADN) Program and requires a declaration of the items below. The information provided will be used by Richland Community College Nursing Program Director to address an academic or clinical weakness. The declaration will not be shared with faculty member or used to determine admission.

Please complete and return this form by _____. A delay in returning the form could result in the person's transfer application not being considered. Directions for return are on the next page.

Student's Date of Attendance _____
Attended From To

Reason for student's withdrawal/demissional (Please check all that apply):

<input type="checkbox"/>	Student's choice
<input type="checkbox"/>	General Education/Cumulative GPA
<input type="checkbox"/>	Nursing Program GPA
<input type="checkbox"/>	HIPAA Violation
<input type="checkbox"/>	Nursing Program Code of Conduct Violation
<input type="checkbox"/>	Clinical Performance
<input type="checkbox"/>	Other

Please provide a plan of action for the withdrawal/demissional.

Would you readmit this student to your program? Yes No? If no, please explain.

Person completing recommendation:

Name & Title _____

College/University _____

Address _____

City/State/Zip _____

Daytime Phone Number _____ Email _____

Signature _____ Date _____

Please do NOT return to applicant. Mail or fax to:

Tony Crystal
Assistant to the Dean, Health Professions
Richland Community College
One College Park
Decatur, IL 62521
Fax Number: 217.875.7220

Any questions regarding this form can be directed to:

Tony Crystal
acrystal@richland.edu
217.875.7211 ext 753