

Advanced Placement Request

Date _____

LPN Request to Attend IVCC to Complete the ADN Track

Name _____

Maiden Name/Previous name when enrolled at IVCC

Mailing Address _____

City _____ State _____ Zip Code _____

Name of LPN Program attended _____

Year graduated from Program _____

Are you currently enrolled at IVCC? Yes _____ No _____

Have you ever been enrolled at IVCC? If yes, indicate the last year and semester of enrollment. _____

Do you currently have an active LPN License in the State of Illinois? Yes _____

No _____

Cell Number (_____) _____ - _____

Email Address _____

Your Signature _____

Return completed form to the Nursing Office, A214, **by December of the year prior** to the year you plan to attend. You will also need to make an appointment with the Director of Nursing and an IVCC counselor. (Revised 9/2022)