



MANHATTAN AREA TECHNICAL COLLEGE

**Manhattan Area Technical College**

**Pre-Associate Degree of Nursing Application**

**Note:** must be an LPN or currently in MATC PN program to apply for ADN.

Personal Data			
Last Name:	First Name:	MI:	Date of Birth:
Street Address:		Apt #:	
City:	State:	Zip:	
Cellular Phone:	Have you ever been convicted of a felony? <div style="text-align: right; margin-left: 100px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>		
Email address:	MATC Student ID:		

Program/Educational Information
Have you ever applied to this program before?    No _____    Yes _____ If yes, when? _____
Kansas LPN License Number:
Name of PN School:
City/State:
Year Received Certificate:
Program date applicant is applying for:  <div style="margin-left: 100px;"> <input type="checkbox"/> January, Year Applying for _____  <input type="checkbox"/> July, Year Applying for _____         </div>

My signature below indicates that all of the above information is accurate to the best of my knowledge.

**Anyone knowingly withholding or giving false or misleading information is not eligible to be accepted into the ADN program.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Send pre-application to:**  
 Laurie Stegeman, MSN, RN  
 Director of Nursing and Allied Health  
 Manhattan Area Technical College  
 3136 Dickens Avenue  
 Manhattan, KS 66503