



J' Renee College

Education with a Spirit of Excellence®

Please print or type all information. Submit completed application and \$45.00 application fee in person or mail to J' Renee College, 415 Airport Road, Elgin, IL 60123

Last Name	First Name	M.I	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number:	Date Of Birth:
<input type="text"/>	Click here to enter a date.

Place of Birth	Place of Birth State	Place of Birth Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address:	Apt. #
<input type="text"/>	<input type="text"/>

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone:	Cell Phone:	Work Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:
<input type="text"/>

Emergency Contact Person: Last Name	First Name:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Number	Home #	Cell#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you previously attended J' Renee College?
 No Yes If Yes, Year Attended:

I am applying for:(PLEASE CHECK WHICH SEASON, AND ENTER WHICH YEAR YOU PLAN TO ATTEND)

Spring Term <input type="checkbox"/>	Summer Term <input type="checkbox"/>	Fall Term <input type="checkbox"/>	Winter Term <input type="checkbox"/>
20	20	20	20

Area Of Study:
 The program(s) or course(s) of study I plan to pursue at J' Renee:

1. <input type="text"/>	AM <input type="checkbox"/> _____ <input type="checkbox"/> PM
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Program code(s) and numbers	Example NRS0 080: Phlebotomy
2. <input type="text"/>	AM <input type="checkbox"/> _____ <input type="checkbox"/> PM

Program code(s) and numbers



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3.			AM_ <input type="checkbox"/> _____ <input type="checkbox"/> PM
<i>Program code(s) and numbers</i>			
List of all schools, colleges, and universities attended, beginning with the most recent:			
<i>Name Of Institution</i>	<i>Date Graduated</i>	<i>Major/General field of Study</i>	<i>Degree/Certificate</i>
<i>Name Of Institution</i>	<i>Date Graduated</i>	<i>Major/General field of Study</i>	<i>Degree/Certificate</i>
<i>Name Of Institution</i>	<i>Date Graduated</i>	<i>Major/General field of Study</i>	<i>Degree/Certificate</i>
NOTE: Official transcripts are evaluated by request of the student. If evaluation of college transcripts is required for admission to the chosen program of study, please submit official transcripts to J'Renée at the above address.			
What in particular would you like to gain from taking this program(s)?			
What concerns do you have?			
How do you best learn and process information? (Number in order of important: 1 being the most important and 6 being the least important)			
Choose an item.	Visual learner: watching procedures being performed		
Choose an item.	Tactile: hands-on performing produces		
Choose an item.	Reading information		
Choose an item.	Writing: taking notes and re-writing them		
Choose an item.	Repetition: hearing and performing produces several times		
Choose an item.	Listening: hearing instructions		
What can the faculty and staff at J'Renée do to provide you with the most optimal learning experience?			



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Experience/Background:		
SPECIAL SKILLS AND STRENGTHS:(Example: Second language(s), Computer Knowledge, Punctuality, Extra Nursing Prerequisites, Multi-tasking abilities)		
CERTIFICATES:		
Certificate in/of:	Organization:	Date:
1.		
2.		
3.		
AWARDS:		
Award in/of:	Organization:	Date:
1.		
2.		
3.		
PROFESSIONAL GOALS:		
I certify that the above statement is true, complete and correct. I understand that if withhold or give false information on this application it may make me ineligible for admission to the school or subject to dismissal. Document ownership: all documents submitted to J'Renée Career Facilitation, Inc., for admission purposes becomes the property of the school. Documents will not be released to students nor will they forward to other educational institutions or agencies.		
Application's signature:		Date:
Parent or Guardian signature(where applicable):		Date:
How/where did you hear about J'Renée College?		