



Application Form

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

County: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Birth Date: _____ Social Security Number: _____

Ethnic Origin (optional): _____ Marital Status (optional): _____

High School Attended: _____ Year of Graduation: _____ GED Date (if applicable): _____

Name(s) of College(s) Attended: (1) _____

(2) _____ (4) _____

(3) _____ (5) _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Program Selected:** Day Evening Online

Starting Date: Month _____ Day _____ Year _____

Do you wish to transfer any credits into Rasmussen? _____

Do you wish to apply for financial assistance? _____

Application Fee

An application fee must accompany this completed application. Please have transcripts from any schools listed on this application form forwarded to us as soon as possible.

I hereby authorize Rasmussen College to furnish referral counselors, prospective employers, or other qualified individuals with my academic and performance records.

Application Fees:*

- General \$20
- LPN \$50 (*Pasco County Campus*)
- Re-Enroll/Re-Entry \$50
- RN \$75 (*Ocala Campus*)

I have enclosed \$ _____ for my application fee.

Signature of Applicant: _____

Date: _____

Indicate the campus you are interested in attending.

Florida Campus Locations

- Ocala
- Pasco County
- Fort Myers

OFFICE USE ONLY

Representative _____

Modality _____

Test Scores (E) _____ (M) _____

Comment _____

* The fee will be refunded if the applicant is not accepted, or if notice of cancellation is received within five business days after student receives written notice of fee payment.
 Wisconsin residents: Fee is refundable if the applicant is not accepted, or if notice of cancellation is given within three business days after student receives written notice of fee payment.

** When selecting Day or Evening classes, some of the required classes may only be offered online.