How to Apply: UACCB Traditional RN Program

- 1. Navigate to <u>https://myapps.microsoft.com/</u>
- 2. Click "Workday SSO Production"

	•	1	- 1	
Teams	To Do	UACCB Alerts	UACCB Grill Menu	Visio
	EANOBECK	±		
Workday SSO - Production	Workday-Sandbox	Wunderlist	Loop	Power Pages
0	E P	UACCB		
UACCB Colleague	UACCB Faculty/Staff Room Request Form	UACCB Forms	UACCB Helpdesk	UACCB Hiring Request Form

3. Click the "Search" field.

Q Search	
e's What's Happening	lt's №
aiting Your Action	 Yc

- 4. Type "Declare Program of Study"
- 5. Click "Program"

	Q declare program of study	\otimes
	Declare Program of Study Task	
	View Program of Study Report	
	Add My Intended Institution and Program of Study Task	
	VIEW MORE	1
What's Happening		It's Mo
ng Your Action		 You

6. Click the "Academic Unit" field.

Declare Program of S	tudy
Academic Record *	· University of Arkansas Community College at Batesville - UACCB Division of Nu
Academic Unit *	E Academic Level Undergraduate
Program of Study *	E Program Credential (empty)
Academic Period *	:=

7. Click "University of Arkansas Community College at Batesville -UACCB | Division of Nursing and Allied Health"

Academic Unit *	Search	≡ A	cademic Level	Unde	rgraduate
	O University of Arkansas Community College at Batesville				
Program of Study	O University of Arkansas Community College at Batesville - UACCB Divisio of Career Education	, 🗉	Program Cred	ential	(empty)
Academic Period	O University of Arkansas Community College at Batesville - UACCB Divisio of General Education	=			
	O University of Arkansas Community College at Batesville - UACCB Divisio of Nursing and Allied Health	12			
	O University of Arkansas Community College at Batesville - UACCB Divisio of Workforce Education	6			

8. Click the "Program of Study" field.

Academic Record	*	University of	Arkansas Commun	ity College at Batesville - UACCB Division of Nu
Academic Unit *	× University of Arkansas Community College at Bate - UACCB Division of Nursir and Allied Health	55000000	Academic Level	Undergraduate
Program of Study	*	I	Program Crede	ential (empty)
Academic Period	*	i]	

9. Click "All"

Academic Record	- Univ	ersity of /	Arkansas Community College at Batesville - UACCB Division of Nu
Academic Unit *	× University of Arkansas Community College at Batesville - UACCB Division of Nursing and Allied Health		Academic Level Undergraduate
Program of Study ¥	Search	iE	Program Credential (empty)
	Partial List (First 500 Entries)	>	
Academic Period *	All	>	

10. Click "Registered Nursing (Traditional) Associate of Applied Science"

	gram of Study			
Academic Record *	4 - Active	University of Arkansas C	ommunity College at Bate	sville - UACCB Division of Nursing and Allied Health/Undergraduate (,
Academic Unit *	University of Arkansas Community College at Batesville - UACCB Division of Nursing and Allied Health	E Academic Leve	I Undergraduate	
Program of Study *	Search	:=	Program Credential	(empty)
	← All	must have a value		
Academic Period *	Practical Nursing Technical Certificate			
	Registered Nursing (LPN to RN) Associate of Applied Science			
	 Registered Nursing (LPN to RN Online) Associate of Applied Science 			
	Registered Nursing (Traditional) Associate of Applied Science			

11. Click the "Academic Period" field.

Academic Unit *	University of Arkansas Community College at Batesville - UACCB Division of Nursing and Allied Health	:=	Academic Level	Undergraduate
Program of Study			Program Crede	ential A.A.S Associate of Applied Science
Academic Period 🕈	Error: Select an academic period. If non-	:= e are ava) iilable, contact your a	dministrator.

12. Select the semester you plan to begin the program.

	Community College at Batesville - UACCB Division of Nursing and Allied Health		Foundation Level - One	ergrauure
Program of Study *	× Pre-Licensure RN Associate . of Applied Science	. 🗉	Program Credential	A.A.S Associate of Applied Science
Academic Period *	Search O UACCB Fall 2024 (08/19/2024- 12/13/2024)	1		

13. Click "OK"



14. Click "Complete Questionnaire"

	You have su	ubmitted	
	Up Next:	Complete Questionnaire	
	View Details		
	Complete O	uestionnaire	

15. Answer all the questions.

16. Click "Submit"

(Requi	ast two years, have you been the subject of chemical or alcohol dependency intervention or participation in ch ed)
0	es
1 0	0.
(Requi	that the information provided on this application is accurate and complete. ed) es
Subr	nit Save for Later Cancel