

LOUISIANA STATE UNIVERSITY
 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING
 1900 GRAVIER STREET
 New Orleans, Louisiana 70112

APPLICATION FOR ADMISSION

Please print or type

I hereby apply for admission to the _____ Bachelor of Science in Nursing (BSN) Program _____
 Career Alternative RN Education (CARE) BSN Program _____
 *RN to BSN Plan of Study _____

of the LSU Health Sciences Center School of Nursing for the _____ **Fall** _____ **Spring** _____
 Year

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Part I Personal Data

Legal Name _____
 Last First Middle Maiden

List any other name under which your records may be filed _____

Mailing Address _____
 Number and Street Apartment City State Zip

Permanent Home Address _____
 Number and Street Apartment
 City State Zip Parish/County

Telephone Number: Home _____ Cell _____ Work _____

Email: _____

Date of Birth: ____/____/____ Place of Birth: _____
 Month Day Year City State/Foreign Country

Sex: Female ____ Male ____ Social Security Number: _____ - _____ - _____
 ____ Single ____ Married ____ Divorced ____ Widowed ____ Legally Separated

Are you a United States Citizen? Yes ____ If no, of what country _____
 No ____ If no, what is your VISA status? _____
 Please submit appropriate documents

Name and relationship of person to be notified in case of emergency:

Name _____ Relationship _____

Address _____
 Number and Street City State Zip

Telephone Number: Home _____ Work _____

The LSU Health Sciences Center School of Nursing must indicate it is in compliance with Title IV of the Civil Rights Act. Please indicate which group best describes you:

Race: Asian or Pacific Islander ____ American Indian or Alaskan Native ____ Hispanic ____
 Black (Not of Hispanic Origin) ____ White (Not of Hispanic Origin) ____

The LSU Health Sciences Center School of Nursing must indicate it is in compliance with the Americans with Disabilities Act of 1990:

- A. If you require special testing procedures or accommodations, please attach a description of the type of accommodations needed.
- B. If you desire an accommodation for your interview, attach a description of the type of accommodation required.

PLEASE NOTE: The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, or employment in the programs and activities which the LSU System operates.

State law requires that you register for the federal draft, under the federal Military Selective Service Act, prior to your enrollment in any institution of the LSU System which includes the LSU Health Sciences Center in New Orleans.

Please sign your name below indicating that you are in compliance with the state law.

I, _____, have registered with the selective service system in accordance with the Military Selective Service Act
(print your name)

(Signature) (Date)

If you are not required to register with the selective service system, please indicate below the reason why.

Are you now, or have ever been, a member of the Armed Forces? Yes ___ No ___ Type of Discharge _____ Date _____
Active Reserve Corps? Yes No ___ Date Entered _____ Current Rank _____

Part II Residence Data

Provide the following information concerning your parents/guardians:

Father's Name _____ Attended College?
Last First Middle

Mother's Name _____ Attended College?
Last First Middle

Address _____
Number and Street City State Zip

Phone _____ Number of Dependents _____ Ages _____

This question is to be answered by those applicants NOT residing in Louisiana.

Have you ever resided in Louisiana? Yes ___ No ___

If yes, indicate dates of residence: From: Month _____ Year _____ To: Month _____ Year _____

Part III Educational Data

High School _____ Graduation Date _____

If not high school graduate, give the date of your GED or equivalency _____

In the space provided, list all post secondary institutions attended. All institutions must be listed regardless of whether degree was earned. Failure to acknowledge attendance at a college or university will result in dismissal from the University. (If more space is needed, please add an additional page.)

Name of College/University	City & State	Dates Attended	Major Area of Study	Degree Earned
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List in order of attendance, beginning with last school attended.

All official transcripts must be in sealed envelopes and included with your application. Instructions regarding submission of transcripts are provided in your packet. Students enrolled in college at the time an application is submitted should have updated transcripts sent at the close of the semester.

Have you been suspended or dismissed from any college or university for scholastic or disciplinary reasons? Yes ___ No ___

If "Yes", give the name of the institution, date and reason for this action. _____

Please list the title, number of credits and semester for each course you are completing this term and the courses that you plan to complete before entering the School of Nursing.

Title of Course	School	Credit Hours	Semester
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Have you ever attended a school of nursing? Yes ___ No ___ If yes, from _____ to _____

Name of school _____

Address _____

Reason for Leaving _____

Are you a graduate of a program in nursing? Yes ___ No ___

If yes; LPN/LVN _____ Date _____ Diploma _____ Date _____ ADN _____ Date _____

Was the basic nursing program accredited? Yes ___ No ___ If yes, by whom? _____

Are you currently licensed to practice nursing in any state with eligibility for licensure in Louisiana? Yes ___ No ___

If yes, please indicate state(s) of licensure:

LPN _____ State(s) _____ RN _____ State(s) _____

Do you have a current, unencumbered license to practice nursing in the state of Louisiana? Yes ___ No ___

YOUR APPLICATION CANNOT BE PRESENTED TO THE ADMISSIONS COMMITTEE UNTIL ALL CREDENTIALS ARE RECEIVED. THIS INCLUDES THE APPLICATION, APPLICATION FEE, TRANSCRIPTS AND OTHER REQUIRED DOCUMENTATION.

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I know that falsification of any information on this form will subject me to dismissal from the University. I further certify that I have read and understand the instructions for the completion of this application.

Signature of Applicant (Sign in Ink) _____

Date _____

Part IV Honors and Awards

List all scholarships and scholastic achievements:

List all community/social recognition.

Part V Professional Experience

Chronologically list employment held during the past 10 years, beginning with the most recent.

Name of Employer	Address	Position	Dates
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(Write on the reverse side or attach an additional page if needed)