LSU LNC
REGISTRATION FORM

Indicate the Location and Beginning date of the LNC Course you are registering:

_____

(Location) **(Beginning Date)**

Please Print or Type (Your full legal name)

Name:_____
(Last) (First) (M.I.)

Address: _____

_____
(City) (State) (Zip)

E-Mail Address: _____

Employer: _____

Address: _____

_____
(City) (State) (Zip)

Position/Specialty: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:**_____

Brief work experience as a RN (Include years of experience):

_____

_____

_____

_____

Nursing Preparation (Check one): Diploma ___; ASN ___; BSN___; Master's___; Other___

Personal Statement: Write a personal statement identifying your goal(s) and assets for completing a LNC program. (You may write on the back of this page.)

_____

_____

_____

_____

To add your name to the list of participants for the class, please mail, fax (504-568-5859) or email this form (to nsgconted@lsuhsc.edu) at your earliest convenience. Send **$300 deposit** 4-6 weeks prior to class to reserve your seat. Regular course fee is $3,750. (Note the deposit is deducted from the total course fee.)

Make check payable to: **LSUHSC School of Nursing**.
Return form and payment to: LSUHSC School of Nursing, Continuing Education,
1900 Gravier Street, New Orleans, LA 70112-2262