

**LSU Health Sciences Center
School of Nursing
Acceptance Form Spring 2010**

Dear Office of Student Affairs:

I hereby confirm my acceptance and intent to register for the incoming class for the Spring 2010 semester. Please attach a check, cashier's check or money order for \$50.00 made payable to LSUHSC, to secure your place. Credit cards are not accepted.

I agree to contact the School of Nursing, Office of Student Affairs if circumstances arise that prevent me from registering for the spring 2010 semester. (Email: nsstuaffairs@lsuhsc.edu or send a letter to the address below)

PRINT NAME

SIGN NAME & DATE

This completed form in addition to your \$50.00 acceptance fee must be received 7 days from the date of this letter or your admission will be forfeited. This fee will be applied as a credit to your tuition fee bill.

Please indicate which undergraduate program you have been accepted to:

Acceptance for ____ BSN

Acceptance for ____ CARE

Acceptance for ____ RN to MN

Acceptance for ____ RN to BSN

Mail to:

*LSU Health Sciences Center
School of Nursing
Office of Student Affairs
1900 Gravier Street
New Orleans, LA 70112*