## Undergraduate Nursing Student Application

## SOUTHERN ADVENTIST UNIVERSITY

**School of Nursing** 

(PLEASE PRINT OR TYPE)		Date	
Legal name Mrs. Mrs.	First	Middle (or Maiden)	ne
Home address	id Street		
Number ar	d Street	City State	Zip
Telephone ( )		Cell phone ( )	
Birthdate		Social Security #	
Marital status O single O married O	) divorced	Email address	
Name of high school		Have you taken classes at any other college?	() no () yes
Have you applied for admission to Southe	ern? () no () yes	Did you indicate nursing as your major?	() no () yes
Have you attended Southern before?	🔿 no 🔿 yes	If so, what year?	

The School of Nursing reserves the right to deny admission or remove students from the nursing program based on results of the criminal background check.

Have you ever been convicted of a crime, other than a minor traffic violation?

🔿 no 🔿 yes If yes, please explain.

Applicant's signature

Date

Print your full name

If you have not completed an associate's degree or diploma in nursing, continue to Section A on back. If you have completed an associate's degree or diploma in nursing, continue to Section B on back.

MAIL TO

School of Nursing Southern Adventist University Post Office Box 370 Collegedale, TN 37315-0370

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### SECTION A: ASSOCIATE'S DEGREE APPLICATION

When do you wish to begin general education courses at Southerr	?
When do you wish to begin clinical* nursing courses at Southern?_	

Have you had any clinical* nursing courses?	() no	🔾 yes	If yes, name courses below:	*a clinical nursing course involves direct patient care.
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Course	Name of School

Do you have your LPN, LVN or RN? \_\_\_\_ no \_\_\_\_ yes \_\_\_\_ If yes, under what name?\_\_\_\_\_

#### SECTION B: BACHELOR'S DEGREE APPLICATION

To which program are you applying?	🔿 on-campus	() consortium	() online		
Graduation date from basic program		_			
Name of educational institution					
School address	nd Street	City		State	Zip
Professional nursing license #		- 1		State	Σιμ
Date and place state boards were (or wi	ll be) taken for the firs	st time: Date		State	
Give name (if different from above) used when taking state boards for the first time					

### List all nursing work experience (most recent employment first):

Dates	Place of employment and position