Application to the AAS in Nursing Progam

Lincoln University
Department of Nursing Science
P.O. Box 29
Jefferson City, MO 65102-0029
573-681-5421

Due Date: ***Fall:*** **Second Tuesday in November /** ***Spring:*** **Second Tuesday in April**

Nursing Applicant Information:

SSN: _____LPN license #:_____(Copy of license required with application)

Name: _____
(Last) (First) (Middle)

Permanent Home Address: _____

City/State/Zip: _____

Present Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Cell Phone Number: _____

E mail Address _____

Program request. Jefferson City _____ Rolla _____ (Fort Leonard Wood)
Semester and Year you would like to enter nursing courses:_____.

1. Are you in good standing (academic and non-academic) with Lincoln University and have a GPA of 2.0 or above? Y___ N___
2. Have you met with a Nursing Advisor? Y___ N___
3. Have you received a Departmental Informational Session Packet and completed the required signature page? Y___ N___
4. Have you completed all required academic enrichment and pre-requisite course work? Y____ N____
5. Have you successfully complete the Nursing Entrance Test (PAX) with a 60 composite? Y____ N____
   Date completed_____.
6. Have you ever been denied admission or progression in a school of nursing or practical nursing program? Y___ N___
   If yes please explain on a separate sheet of paper and attach to your application.
7. Has your professional license ever been revoked, suspended, placed on probation, or otherwise subject to any disciplinary action? Y____ N____
   If yes please explain on a separate sheet of paper and attach to your application.

If you answered no to <u>any</u> of the questions 1 – 5 please contact the Department of Nursing Science at 573-681-5421 and make an appointment with your nursing advisor prior to submitting your application. The LU Bulletin contains information pertinent to progression in coursework and graduation with an AAS degree. If you do not have a current LU bulletin please obtain one from the LU Admissions Office in Young Hall or in the Department of Nursing Science office.

Previous Work and Educational Experience:

Please list any work experience you have had, beginning with your present or most recent employment. (Please use additional sheet of paper if needed to provide a complete work history.)

Employer (Include Address)	Position	Dates	Reason For Leaving

Please list educational experiences post-high school, beginning with your current or most recent education: *Official transcripts from LPN program and verification of license must be sent directly to the nursing department.

School	Dates	Area of Emphasis	Hours Earned or Degree Received

I certify that the information given in this application is complete and accurate to the best of my knowledge. I do understand that giving of misinformation may void my admission to the Lincoln University Nursing Program.

I give my permission for the Department of Nursing Science to contact the above named institutions and for them to release information without liability to them.
In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 and its amendments, I waive _____ I do not waive _____ my right to see any supplemental information received.

I understand that I am responsible for contacting the Nursing Office at (573) 681-5421 to make sure my application and references have been received and are complete by the deadline. To ensure timely communication and processing of admission materials, I am also responsible for providing and maintaining current address and contact numbers to the Department of Nursing Science to ensure timely communication and processing of admission materials.
Please note, the application is not valid without the applicant's signature.

_____ _____
(Applicant's Signature) (Date)