



School of Nursing

AAS in Nursing Application Form

Due Date: April 1st for August Admission

Year that you are applying for admission: _____

I. Biographical Information

Name: _____ SSN: _____
Last First Middle

Former Last Names: _____

Student ID #: _____ DOB: _____ LPN License # and State*: _____

* Attach copy of license to application

Has your professional license ever been revoked suspended, placed on probation, or otherwise subject to any disciplinary action? Y_____ N_____ (If yes, explain the circumstances on a separate sheet of paper and attach to your application; include your Student ID # at the top of each sheet of paper.)

Address: _____
Street City State ZIP Code

Email Address: _____

Phone Number: _____ Secondary: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Date applied for undergraduate admission to Lincoln University: _____

Date accepted for undergraduate admission to Lincoln University: _____

Are you in good standing (academic and non-academic) with Lincoln University? Y_____ N_____

Have you attended an informational seminar with an LU representative (in-person or via phone call) Y_____ N_____

Have you met with an Academic Advisor within the past 60 days? Y_____ N_____ Date: _____

If not, contact the Department of Nursing Science at 573-329-5160 to schedule an appointment before submitting application.

Have you successfully completed the Nursing Entrance Exam (HESI A2) with a composite score of 70 or higher?

Y_____ N_____ Composite Score: _____ Date completed: _____

Have you ever been denied admission or progression in a school of nursing or practical nursing program? Y_____ N_____

(If yes, explain the circumstances on a separate sheet of paper and attach to your application; include your Student ID # at the top of each sheet of paper.)

II. Required Coursework

Have you successfully completed all required pre-requisite coursework? Y_____ N_____

Please complete the information below.

Course #	Course Title	Grade Received	Date Completed	College/University
GE 101	University Seminar			
BIO 103	Principles of Biology			
BIO 104L	Principles of Biology Lab			
MAT 111	Intermediate Algebra			
ENG 101	Composition and Rhetoric I			
PSY 101	General Psychology			
BIO 208	Human Anatomy & Physiology			
BIO 209L	Human Physiology & Anatomy Lab			

Are you currently enrolled in undergraduate coursework? Y_____ N_____

If yes, please complete the information below and attach proof of enrollment to your application.

Course #	Course Title	Credit Hours	College/University	Begin Date	End Date

III. Previous Work Experience

Please list any work experience you have had, beginning with your present or most recent employment. If you need additional space, use a separate sheet of paper and attach to your application; include your Student ID # at the top of each sheet of paper.

Employer (Include Address and Phone Number)	Position Held	Dates Employed	Reason for Leaving

IV. Previous Education Experience

Please list your education experience (post-high school), beginning with your present or most recent education*. If you need additional space, please use a new sheet of paper.

School	Dates Attended	Area of Emphasis	Hours Earned or Degree Received

*Official transcripts from all colleges and universities attended must be sent directly to the Department of Nursing Science and must be received by the April 1st deadline. If you have fewer than 30 transfer credits, you must also submit official high school transcripts.

V. Professional Licenses, Certificates, or Job-Related Training

Please list all Professional Licenses, Certificates, or other job-related training (i.e. Military or vocational) below.

Name of Professional License, Certificate, or Job-related Training (ex: CPR, CNA, EMS)	Issuing Authority (ex: AHA, Red Cross, Army)	Date of Issue	Expiration Date

The Lincoln University Bulletin contains information pertinent to the progression in coursework and graduation with an AAS degree. You can view the Lincoln University Bulletin online at LincolnU.edu.

I attest that the information I have provided throughout this application is correct and that I have not knowingly falsified or omitted any information pertinent to my suitability for the profession of nursing. I understand that falsification or omission of information could prevent admission into the program or result in dismissal from the program. I hereby give permission to the Department of Nursing Science to contact my employers and/or schools listed above and for them to release information without liability.

I understand that I am responsible for contacting the Fort Leonard Wood campus office at 573-329-5160 to ensure that my application and references have been received and are complete by the April 1st deadline. To ensure timely communication and processing of admissions materials, I also understand that I am responsible for providing my current address and contact information to the Department of Nursing Science.

In accordance with the FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) OF 1974 and its amendments, I waive _____ I do not waive _____ my right to see any supplemental information received.

Please note that the application is not valid without the applicant's signature.

Signature

Date