THE UNIVERSITY OF LOUISIANA AT MONROE KITTY DEGREE SCHOOL OF NURSING

PLACE 2X2 PASSPORT PHOTO HERE

APPLICATION FOR ADMISSION

<u>DEADLINES</u>
Application Fee \$55
HESI Fee \$45

Received:

Date:

I. PERSONAL DATA			
CWID:	PHONE #:	DATE:	
NAME: LAST/MARRIED:	FIRST:	MIDDLE:	MAIDEN:
MAILING ADDRESS: (Addr	ess where you wish to receive	ve your acceptance/rejection letter)	
STREET: CITY, STATE, ZIP:			
ULM WARHAWK EMAIL	ADDRESS:		
DATE OF BIRTH:	PLACE OF BIRTH:	PARISH OF RESID	DENCY:
MALE	FEMALE SING	LE MARRIED	
U.S. CITIZEN?			
SPOUSE'S NAME:		DAYTIME PHONE:	
FATHER'S NAME:		DAYTIME PHONE:	
MOTHER'S NAME:		DAYTIME PHONE:	
ALTERNATE CONTACT:		DAYTIME PHONE:	
HIGH SCHOOL ATTENDED:		GRADUATION DATE:	
PREVIOUS DEGREE:		DATE EARNED:	
II. THE FOLLOWING QUI	ESTIONS MUST BE ANS	WERED HONESTLY AND TRUT	HFULLY
Have you had, or do you now l licensing or certifying board in			
Have you habitually used or be substances? If yes, please attack	•	drugs, alcohol or mood altering	
Do you have any physical or m safely as a registered nurse? If			
Have you ever been arrested, c adjudged a juvenile delinquent conviction or plea has been par must answer a YES. If YES, has been pardoned, dismisse mean that you can answer th			

Have you been discharged from the military on ground(s) other than an honorable discharge?	
If yes, please attach explanation.	

Failure to disclose or to correctly answer the questions on the application constitutes falsification of documents and will result in denial of licensure. The Louisiana State Board of Nursing will conduct a criminal background record check on all applicants for licensure as a registered nurse in Louisiana.

III. REPORTING OF SUBSEQUENT ARRESTS OR CONVICTIONS:

If a student is admitted to the clinical sequence of the program, any subsequent disciplinary action, arrest, criminal charge or conviction, addiction, or impairment shall also be reported IMMEDIATELY to the Director of the School of Nursing who will forward them to the Board. All required documents shall be forwarded to the Director of the School of Nursing for evaluation in determining the student's eligibility to continue in the clinical sequence of the program. After review, the documents will then be forwarded to the Louisiana State Board of Nursing.

I CERTIFY THAT ANY INFORMATION PROVIDED ON THIS FORM OR IN ANY ATTACHED DOCUMENTS IS TRUE AND ACCURATE AND INCLUDES ALL DISCIPLINARY ACTION, OR CRIMINAL INCIDENTS THAT I HAVE EVER BEEN ARRESTED FOR OR CHARGED WITH, OR ANY ADDICTION WITHIN THE LAST FIVE YEARS, OR IMPAIRMENT. I FURTHER CERTIFY THAT I HAVE READ THIS DOCUMENT AND THAT I UNDERSTAND THAT FALSIFICATION OF THIS DOCUMENT OR FAILURE TO REPORT ALL SUBSEQUENT DISCIPLINARY ACTIONS, ARRESTS, OR IMPAIRMENT WILL RESULT IN DENIAL OF MY APPLICATION TO ENROLL IN A CLINICAL NURSING COURSE AND DENIAL OF LICENSURE AS A REGISTERED NURSE.

Have you applied to the ULM Nursing program before?						
If yes, when?						
DATE:	SIGNATURE: PRINT NAME:					

Date:	
Kitty DeGree School of Nursing The University of Louisiana at Monro 700 University Avenue, NURS 124 Monroe, Louisiana 71209-0460	e
I have read and agree to abide by the University of Louisiana at Monroe, Conference Pharmaceutical Sciences, and Kitty E	ollege of Health and
	Print Name
	Signature

NOTE: This form must accompany the application for admission into the School of Nursing professional program.

GPA PNURS – 120 HRS					Semest	Semester Applying for:						
Name:	- GIA	11101	120	1114	<u> </u>			Date:				
CWID:					ALL REI	PEATED	PRE REQUIT	ES COURS	SES AR	E INCL	UDED	IN
	T					NURSING GPA CALCULATION.						1
PNURS COURSES	GRADE	X	HRS	=	QPTS		DITIONAL S COURSES	GRADE	X	HRS	=	QPTS
BIOL 1014			3									
BIOL 1015			3									
BIOL 1016			1									
BIOL 1017			1									
BIOL 2014			3									
BIOL 2015			1									
BIOL 2028			3									
СНЕМ			3									
CHEM LAB			1									
ENGL 1001			3									
ENGL 1002			3									
HLST 207			3									
MATH 1011			3									
MATH 1016			3									
NURS 2000			2									
NURS 2080			3									
PSYC 2001			3									
PSYC 2078			3									
PSYC 4001			3									
			48									
QP: /	HRS:		=	GP	PA	1						1
GPA POINTS		HE	SI-Admi	ssion	Assessmen	nt	Score:	•	Date:			
HESI POINTS	HESI POINTS DO NOT TURN THIS GPA FORM											
IN. IT IS FOR YOU ONLY!												