

Admission Application for the **BACCALAUREATE IN NURSING PROGRAM**

The nursing program at Nebraska Wesleyan University provides equal educational opportunity to all qualified students without regard to race, religion, sex, creed, color, physical ability, or national ethnic origin.

Please print or type.

Circle: Mr. Miss Ms. Mrs.

Circle: Female Male

1. Full legal name: _____
last first middle maiden

2. Address: _____
street city state zip

3. Telephone number: _____
area code phone

4. Date of birth: _____
month date year

5. Nebraska Nursing License*: _____
number year
**Please attach a photocopy of your nursing license. If you do not have a Nebraska license, please explain.*

6. Education: *(Begin with most recent education including high school.)*

<input type="checkbox"/> institution	<input type="checkbox"/> dates attended	<input type="checkbox"/> degree/diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Professional work experience: *(Begin with most recent experience.)*

<input type="checkbox"/> agency and location	<input type="checkbox"/> dates of employment	<input type="checkbox"/> position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. References: (Please list the names of two people who can attest to your ability as a registered nurse and/or student.)

■ _____
name title

address

■ _____
name title

address

9. Are you planning to attend Nebraska Wesleyan University

_____ full time? _____ part time?

10. The following is needed by the University for use in a report required by the federal government. Please check one or more, as appropriate.

_____ White, Non-Hispanic _____ African American, Non-Hispanic _____ American Indian/Alaska Native
_____ Native Hawaiian/Pacific Islander _____ Hispanic/Latino _____ Asian
_____ Biracial/Multiracial _____ Other (specify) _____

11. I certify that all the above information is correct to the best of my knowledge.

_____ signature _____ date

