

EASTERN KENTUCKY UNIVERSITY

College of Health Sciences

Admission Application for **Associate Degree Nursing** (2 Year RN Program)

Deadlines for admission: March 1st for the Fall class
October 1st for the Spring class

NOTE: You must first apply to and be accepted for admission to Eastern Kentucky University by the deadline before your application can be considered for admission into the nursing program.

Application for admission to: Fall semester 20____ Spring semester 20____

Name:	Social Security #:		
Address:			
City:	State:	Zip:	
Email address:			
County of Residence:	Home phone number: () Cell phone number: ()		
Date of Birth: / /	Sex:		

High School Attending (Attended):			
Date of Graduation:	Month:	Year:	
Are you now, or have you ever been enrolled at Eastern?	<input type="checkbox"/>	Yes	No
List other colleges or universities attended:			
Hours Completed:	Degree Received:		

Are you a licensed health care professional?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please specify:				

1. Have you ever been enrolled in a health sciences program which you did not complete?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, a letter of explanation must be attached.
2. Have you ever been convicted of a crime?				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, a letter of explanation must be attached.

I certify that the above information is correct and true to the best of my knowledge.

Signature

Date