	THE UNIVERSITY OF LC KITTY DEGREE SCH	DEADLINES Application Fee \$55							
PLACE 2X2 PASSPORT PHOTO HERE	APPLICATION F	APPLICATION FOR ADMISSION							
I. PERSONAL DATA									
CWID:	PHONE #:	DATE:							
NAME: Last/married:	FIRST:	MIDDLE:	MAIDEN:						
MAILING ADDRESS: (Address where you wish to receive your acceptance/rejection letter)									
STREET:									
CITY, STATE, ZIP:									
ULM WARHAWK EN	IAIL ADDRESS:								
RACE:	PLACE OF BIRTH:	PARISH OF RESID	DENCY:						
MALE	FEMALE SINGLE	MARRIED							
U.S. CITIZEN? LOUISIANA RESIDENT?									
SSN: DOB:									
SPOUSE'S NA	AME:	DAYTIME PHONE:							
FATHER'S NA	AME:	DAYTIME PHONE:							
MOTHER'S NA	AME:	DAYTIME PHONE:							
ALTERNATE CONT.	ACT:	DAYTIME PHONE:							
HIGH SCHOOL ATTENI	DED:	GRADUATION DATE:							
PREVIOUS DEG	REE:	DATE EARNED:							
II. THE FOLLOWING	G QUESTIONS MUST BE ANSWE	ERED HONESTLY AND TRUT	HFULLY						
	now have pending, any disciplinary pard in any state? If yes, please attach								
Have you habitually used or been diagnosed as addicted to drugs, alcohol or mood altering substances? If yes, please attach explanation.									
Do you have any physical or mental impairment which may affect your ability to practice									
safely as a registered nurse? If yes, please attach explanation. Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or									
adjudged a juvenile delinquent, for any criminal offense in any state? (Even though an arrest,									
conviction or plea has been pardoned, dismissed, or your civil rights have been restored, you must answer a YES. If YES, atta <u>ch explanation. (The fact that an arrest or conviction</u>									
	missed or that your civil rights hav ver the question a no. you would ha								

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 Monroe 700 University Avenue, NURS 124 Monroe, Louisiana 71209-0460

I have read and agree to abide by the policies and procedures of the University of Louisiana at Monroe, the College of Health Sciences, and Kitty DeGree School of Nursing.

Print Name

Signature

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

GPA PNURS – 120 HRS					Semester	Semester Applying for:						
Name:					Date:							
CWID:				ALL REPEATED PRE REQUITES COURSES ARE INCLUDED IN NURSING GPA CALCULATION.							IN	
	CDADE	v	IDC	=	OPTS		<u>NURSING GPA</u> DITIONAL			1	_	OPTS
PNURS COURSES	GRADE	X	HRS		QPTS	PNU	RS 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			I				I
GPA POINTS		UF										
HESI POINTS		HESI-Admission Assessment Score: Date: DO NOT TURN THIS GPA FORM										
		IN. IT IS FOR YOU ONLY!										