

**LOURDES COLLEGE
DEPARTMENT OF NURSING
APPLICATION FOR ADMISSION TO THE NURSING MAJOR**

Application Form: Part I

Circle One: Basic Student NA-BSN RN-BSN (Sylvania Campus) RN-BSN (Sandusky) LPN-BSN

Name (Last) _____ (First) _____ (M.I.) _____

Address _____

City _____ State _____ Zip _____ County _____

E-mail address _____

Cell Phone (Area Code) _____

Home Telephone (Area Code) _____

Date of Birth _____ Student ID # _____

Graduate of College/School _____ Location _____ Year _____

Circle Licensure: RN LPN Other: _____

Present Employer _____ Position _____

Address _____

City _____ State _____ Zip _____ County _____

Business Telephone (Area Code) _____ (Number) _____

*** Optional Items**

I have or will complete all of the prerequisites prior to the semester I am applying for admission to the Nursing Major. I understand that I may receive provisional admission if prerequisite courses or validation of prior learning are incomplete. I understand that I must also meet all health, licensure and insurance requirements before I may begin clinical courses in the Nursing Major. I am aware that Lourdes College is an equal opportunity educational institution and that the above information will be used for statistical purposes, not for determining placement in the Nursing Major.

I will follow my Plan of Study on file in the Department of Nursing. I will update my Plan of Study as changes become necessary or at least yearly with my advisor.

Signature _____ Date _____