NURSING ADMISSION APPLICATION

MOREHEAD STATE UNIVERSITY
Department of Nursing

(Please Print or Type Information Submitted)

This application is for which program?

☐ **Bachelor of Science in Nursing (BSN) Program**
☐ **RN to BSN Online Program**
☐ **Associate Degree Nursing (ADN) Program**
_____ **Morehead** (Please indicate 1st or 2nd choice.)
_____ **Mt. Sterling** (Please indicate 1st or 2nd choice.)
☐ **LPN K-Credit /Associate Degree Nursing (ADN) Program Employer:**_____
_____ **Morehead** (Please indicate 1st or 2nd choice.)
_____ **Mt. Sterling** (Please indicate 1st or 2nd choice.)

1. When do you plan on entering Morehead State University's Nursing Program? Fall of_____ (year) Spring of _____ (year)
2. Full Legal Name:_____
Last First Middle

   Does Applicant have educational records in a different name? No_____ Yes (list name)_____
3. Permanent Address:_____
Street/Route County City State Zip Code
4. Campus/Local Address:_____
Street/Route County City State Zip Code
5. Email Address:_____
6. Social Security Number:_____ MSU ID Number:_____ Birth Date: _____
   RN Licensure Number for RN-BSN Applicants only:_____ Employer: _____
7. Phone Number: Local (_____)_____ Home (_____)_____
8. Name, Address & Phone Number of person to contact in case of an emergency:
   Work Phone: (_____)_____
   _____ Home Phone: (_____)_____
   Name Address City/State
9. High School Name:_____
Address City State Zip
10. Date of high school graduation: Month_____ Year _____
11. Are you now or have you previously attended college/university (including Morehead State University)? Yes_____ No_____ If yes, give name & address, years of attendance, and number of credit hours attempted:
    A. _____ Currently attending Yes_____ No_____
    B. _____ Currently attending Yes_____ No_____
12. Have you ever been convicted of a felony? Yes_____ No_____
    If yes, what is the approximate date of civil liberties restoration?_____
13. How did you learn about MSU's Nursing Program?_____

I hereby affirm that all information supplied in the application is complete and accurate. I understand that withholding information or giving false information will make me ineligible for program admission.

_____ _____
Signature of Applicant Date

MSU is an affirmative action, equal opportunity, educational institution.

Revised 03/17