

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 of Applied Science in Nursing (AASN) Program
_____ Morehead (Please indicate 1st or 2nd choice.)
_____ Mt. Sterling (Please indicate 1st or 2nd choice.)
 LPN K-Credit /Associate of Applied Science in Nursing (AASN) Program

Employer: _____

_____ Morehead (Please indicate 1st or 2nd choice.)

_____ Mt. Sterling (Please indicate 1st or 2nd choice.)

- When do you plan on entering Morehead State University's Nursing Program? Fall of _____ Spring of _____
(year) (year)
- Full Legal Name: _____
Last First Middle
Does Applicant have educational records in a different name? No _____ Yes (list name) _____
- Permanent Address: _____
Street/Route County City State Zip Code
- Campus/Local Address: _____
Street/Route County City State Zip Code
- Email Address: _____
- Social Security Number: _____ MSU ID Number: _____ Birth Date: _____
RN Licensure Number for RN-BSN Applicants only: _____ Employer: _____
- Phone Number: Local (_____) _____ Home (_____) _____
- Name, Address & Phone Number of person to contact in case of an emergency:
Work Phone: (_____) _____
Home Phone: (_____) _____
Name Address City/State
- High School Name: _____
Address City State Zip
- Date of high school graduation: Month _____ Year _____
- 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 _____
- Have you ever been convicted of a felony? Yes _____ No _____
If yes, what is the approximate date of civil liberties restoration? _____
- 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 02/21