

**NICHOLLS STATE UNIVERSITY  
DEPARTMENT OF NURSING  
MASTER OF SCIENCE IN NURSING**

**APPLICATION FOR ADMISSION**

**GENERAL INFORMATION**

FULL NAME: \_\_\_\_\_  
(Mrs., Ms., Mr.) (Last) (First) (Middle/Maiden)

MAILING ADDRESS: \_\_\_\_\_  
(Street/Box No) (City) (State) (Zip Code)

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**I HEREBY APPLY FOR ADMISSION TO THE NICHOLLS STATE UNIVERSITY NURSING MASTER OF SCIENCE PROGRAM FOR THE:**

FALL  SPRING YEAR

FULL TIME  PART TIME

**INDICATE CONCENTRATION APPLYING FOR:**

- FAMILY NURSE PRACTITIONER  
 PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER  
 NURSING EDUCATION

**LICENSE**

LICENSE NUMBER AS IT APPEARS ON YOUR LA RN: \_\_\_\_\_

LIST OTHER STATE(S) AND LICENSE NUMBER(S) WHERE CURRENTLY LICENSED:

**UNIVERSITY GRADUATED FROM**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE GRADUATED: \_\_\_\_\_ DEGREE EARNED: \_\_\_\_\_

**IF TRANSFER STUDENT, UNIVERSITY TRANSFERRING FROM**

NAME: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ MAJOR: \_\_\_\_\_

**PLACE OF EMPLOYMENT**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ WORK TITLE: \_\_\_\_\_

FULL TIME

PART TIME

N/A

**HAVE YOU BEEN INDUCTED AS A MEMBER OF AN HONOR SOCIETY SUCH AS SIGMA THETA  
TAU INTERNATIONAL, XI-ZETA CHAPTER?**

YES

NO

NAME OF SOCIETY: \_\_\_\_\_

PLACE INDUCTED: \_\_\_\_\_

YEAR: \_\_\_\_\_