

**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: _____