

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

**APPLICATION FOR ADMISSION
FAMILY NURSE PRACTITIONER POST-MASTER'S CERTIFICATE**

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 FNP PMC PROGRAM FOR
THE: (Please check a semester)

FALL _____ SPRING _____ YEAR _____

LICENSE

LICENSE NUMBER AS IT APPEARS ON YOUR LA RN: _____

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

UNIVERSITY UNDERGRADUATE DEGREE FROM:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE GRADUATED: _____ DEGREE EARNED: _____

UNIVERSITY GRADUATE DEGREE FROM:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE GRADUATED: _____ DEGREE EARNED: _____

PLACE OF EMPLOYMENT:

NAME: _____

STREET ADDRESS: _____

CITY: _____

DEPARTMENT: _____ WORK TITLE: _____