

WESTERN KENTUCKY UNIVERSITY

**APPLICATION FOR ADMISSION TO THE
ASSOCIATE DEGREE NURSING PROGRAM**

1. This application is for students desiring to enroll in the Associate Degree Nursing Program at WKU.
2. Return this form to: Western Kentucky University-South Campus, Associate Degree Nursing Program, 2355 Nashville Road, Bowling Green, KY 42101 when completed.

PLEASE PRINT OR TYPE

County _____

1. FULL LEGAL NAME _____
Last First Middle Maiden

2. HOME ADDRESS _____
Street City State Zip

3. HOME PHONE # _____ 4. SOCIAL SECURITY # _____

5. PRESENT ADDRESS _____

6. PRESENT PHONE # _____ 7. WORK PHONE # _____

E-MAIL ADDRESS _____ OTHER PHONE CONTACT # _____

8. SEX: M F 9. MARITAL STATUS S M W D 10. DATE OF BIRTH _____

11. ETHNIC ORIGIN (enter applicable number from list below) _____
(1- Non-resident Alien; 2- Black/African American; 3- American Indian or Alaska Native;
4- Asian or Pacific Islander; 5- Hispanic or Latino; 6- White)

12. PARENT, SPOUSE, OR GUARDIAN _____

13. ADDRESS OF ABOVE _____

14. HIGH SCHOOL _____ 15. DATE OF GRADUATION _____

16. ADDRESS OF HIGH SCHOOL _____

17. WHICH SEMESTER, IF ACCEPTED, WOULD YOU LIKE TO ENTER THE NURSING PROGRAM? (Indicate one only)

SPRING (YEAR) _____ FALL (YEAR) _____

18. IS THIS YOUR FIRST TIME APPLYING TO OUR NURSING PROGRAM? YES NO

19. IF REAPPLYING, WHEN WAS THE LAST TIME YOU APPLIED? _____
(Semester/Year)

20. ARE YOU ATTENDING WKU? YES NO YEAR ENTERED WKU? _____

21. HAVE YOU PREVIOUSLY ATTENDED WKU, BUT ARE NOT CURRENTLY ENROLLED?

 YES NO _____ / _____
Year Entered Last Date Enrolled

22. HAVE YOU ATTENDED OTHER COLLEGES? YES NO (If yes give names of colleges and dates attended)

23. HAVE YOU BEEN ENROLLED IN A SCHOOL OF NURSING? YES NO

LPN PROGRAM DIPLOMA PROGRAM ASSOCIATE DEGREE PROGRAM

DATE OF GRADUATION _____ (IF YOU DID NOT COMPLETE PROGRAM PLEASE STATE REASON)

24. ARE YOU A CERTIFIED NURSING ASSISTANT? YES NO

25. HAVE YOU HAD PREVIOUS EXPERIENCE OR EMPLOYMENT IN A HOSPITAL OR HEALTH AGENCY? YES NO

26. IF YES, GIVE BRIEF DESCRIPTION OF YOUR ACTIVITIES

27. WHAT ARE YOUR REASONS FOR CHOOSING THE ASSOCIATE DEGREE NURSING PROGRAM AT WESTERN?

IMPORTANT:

It is the responsibility of the applicant, not the Associate Degree Nursing Program, to see that all required information is submitted to this office. Your application cannot be considered unless all records are received in the program office on or before the deadlines.

Applicants must notify the program office with any changes in contact information. If the ADN Program office is unable to reach an applicant by phone or e-mail, the applicant will forfeit their position in the program.

The student with transfer courses must submit an official transcript to the Office of Admissions, Potter Hall, Room 117 (270) 745-2551. The Office of Admissions will make this information available to the Associate Degree Nursing Program as soon as it is processed. Be aware that it takes a minimum of three weeks to process the paperwork. Therefore, you must have your transcripts submitted at least three weeks prior to the application deadline or your application will be considered incomplete.

This application will be considered incomplete without the full/legal signature of the applicant.

I have read the above and hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding information and/or giving false information will make me ineligible for admission to the Associate Degree Nursing Program.

DATE

SIGNATURE OF APPLICANT

MARK ONE:

I AM APPLYING TO BOWLING GREEN CAMPUS ONLY _____

I AM APPLYING TO GLASGOW CAMPUS ONLY _____

I AM APPLYING TO BOTH BOWLING GREEN AND GLASGOW CAMPUS _____ (Please circle campus preference)

I AM A LPN AND WISH TO ENTER _____ NURSING 100 OR _____ NURSING 110

Revised March 4, 2007