

**Undergraduate Nursing Student
Application**

SOUTHERN ADVENTIST UNIVERSITY
School of Nursing

(PLEASE PRINT OR TYPE)

Date _____

Legal name Mr. _____ Miss _____ Mrs. _____ Last _____ First _____ Middle (or Maiden) _____ Preferred name _____

Home address _____ Number and Street _____ City _____ State _____ Zip _____

Telephone () _____ Cell phone () _____

Birthdate _____ Social Security # _____

Marital status single married divorced Email address _____

Name of high school _____ Have you taken classes at any other college? no yes

Have you applied for admission to Southern? no yes Did you indicate nursing as your major? no yes

Have you attended Southern before? no yes If so, what year? _____

The School of Nursing reserves the right to deny admission or remove students from the nursing program based on results of the criminal background check.

Have you ever been convicted of a crime, other than a minor traffic violation?

no yes If yes, please explain.

Applicant's signature

Date

Print your full name

If you have not completed an associate's degree or diploma in nursing, continue to Section A on back.
If you have completed an associate's degree or diploma in nursing, continue to Section B on back.

MAIL TO
School of Nursing
SOUTHERN ADVENTIST UNIVERSITY
Post Office Box 370
Collegedale, TN 37315-0370

