

COLLEGE OF NURSING - OFFICE OF PRE NURSING ADVISING

APPLICATION FOR UPPER-DIVISION CLINICAL ADMISSION

(CURRENT PRAIRIE VIEW STUDENTS ONLY)

FILLABLE FORM: Fill in information (use TAB to move to next field) then Print

APPLICANT INFORMATION

Clinical Entry Date [ ] Fall [ ] Spring Year \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Id # \_\_\_\_\_

Work / Cell Phone \_\_\_\_\_ PVU E-Mail \_\_\_\_\_

EDUCATION STATUS

Currently enrolled at PVU? [ ] Yes [ ] No If No, last attended [ ] Fall [ ] Spring Year \_\_\_\_\_

Prior colleges and/or universities and other professional institutions attended, whether or not credit was earned. Begin list with most recent. (Submit copy(ies) of official transcript(s) even if official one(s) have previously been submitted to Registrar's Office. Copies from PantherTracks are not acceptable)

College \_\_\_\_\_ Year \_\_\_\_\_ College \_\_\_\_\_ Year \_\_\_\_\_

Acknowledgement

Have you ever been convicted of a felony? [ ] Yes [ ] No (If yes, applicants are encouraged to review and seek assistance before completing this application to the College of Nursing. For more information go to http://www.bon.state.tx.us/nursingeducation/faq\_students.html)

I understand that the information submitted herein will be relied upon by the department officials to determine my status for admission to the College of Nursing. I authorize all educational institutions that I have attended or maintained records relating to me to release such information to Prairie View A&M University officials. I agree to notify the Prairie View A&M University Office of Pre-Nursing Advising if any changes in the information provided. I certify that the information in this application is accurate and complete to the best of my knowledge. I understand that the submission of false or misrepresented or willful omitted information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, and appropriate disciplinary action.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_