

**Application for Admission
Division of Nursing
Louisiana Tech University**

Application for SPRING 20____ or FALL 20____

Today's Date: _____

Date Received: _____

Full Legal Name: _____ Last Four Digits of SSN: _____

Email Address: _____ CWID #: _____

Birthdate: _____ Mobile No. () _____ Home Phone No. () _____

Current Address: _____ City: _____ State: _____ Zip: _____

Are you an LPN? Yes No Have you taken clinical nursing courses from another nursing program? Yes No

Education: (Use back of sheet if necessary)

* High School and all colleges, universities, and professional schools that you have attended.

SCHOOL	ADDRESS	DATES	DIPLOMA/DEGREE

Employment (Use back of sheet if necessary)

EMPLOYER	POSITION	DATES

****Attach to this application your brief personal essay (1- 2pages) discussing why you are interested in nursing and the nursing program at Louisiana Tech University. Also, discuss any volunteer activities that you have participated in during the past five years in relation to health care and/or leadership.**

Please return this application to: Donna Hood, PhD, RN
Director - Division of Nursing
Louisiana Tech University
P.O. Box 3152
Ruston, LA 71272

Note: Forms for admission to the *University* must be secured from the office of Admissions at Louisiana Tech University.