

**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: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**I have reviewed the Core Performance Standards found at <https://ans.latech.edu/nursing/application/>**

\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**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

**\*\*Visit <https://ans.latech.edu/nursing/application/> for information regarding your essay. Attach completed essay to this application.**

Please return this application to: Division of Nursing  
Louisiana Tech University  
P.O. Box 3152  
Ruston, LA 71272

OR return this application to: [nursing@latech.edu](mailto:nursing@latech.edu)

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