

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

Application for SPRING 20____ or FALL 20____

Today's Date: _____

Date Received: _____

Full Legal Name: _____ 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

Please return this application to:

Division of Nursing
Louisiana Tech University
P.O. Box 3152
Ruston, LA 71272

Postmarked by the deadline

OR return this application to:

The Division of Nursing office by 5p.m. on the deadline

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