



Nursing Early Admission Application

I am applying to begin the professional nursing courses in the Spring of 20____

USI Student ID Number _____ (Not your Social Security number)

Name _____
Last First Middle Maiden Name

Current Address _____

City _____ State _____ Zip Code _____

Current Phone Number (_____) _____ - _____ Email _____

Permanent Address if different from above _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

(Mandatory disclosure of Social Security number is required due to the Zachary Law and Registered Nurse Licensure application requirements.)

ACT Score _____ SAT Math _____ SAT Reading _____ SAT Writing _____ TEAS Score _____

Official transcripts of high school or GED scores and SAT or ACT scores must be submitted to the Office of Admission, 8600 University Boulevard, Evansville, IN 47712.

Employment History (List present or most recent employment first.)

Dates		Title of Position	Employer	City and State
From	To			

Community Activities: List community organizations, board memberships, offices held, and professional activities that serve the community. Include activities during the last three years.

Organization/Association	Description of Duties	Dates

Attach any additional listing of community activities to the application.

Have you previously applied to a USI College of Nursing and Health Professions program or another university/college nursing program? No Yes

If yes, name of program/university/college _____

Reason for non-acceptance _____

Have you been convicted of a felony? No Yes

(Information necessary for license application.)

Have you been convicted of a misdemeanor? No Yes

(Information necessary for license application.)

Have you been convicted of a sex offense against children? No Yes

(Requirements of Indiana Public Law 11-1994.)

Person to be notified in case of an emergency _____

Relationship _____ Telephone (_____) _____ - _____

Applicants are required to write a 200 word essay on why they have selected nursing as a profession. Submit this information separately to cnhpadmissions@usi.edu.

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the Nursing Program Admission Committee to review and verify my application and academic records.

Printed Name _____ Date _____

Signature _____

Return this application to:

USI Nursing Program c/o Student Advising Center

University of Southern Indiana
8600 University Boulevard, HP 2060
Evansville, Indiana 47712

All application materials must be received by the USI Nursing Program before an admission decision can be made.

Application Deadline: August 1