

HANNIBAL-LAGRANGE UNIVERSITY
APPLICATION FOR ADMISSION
Division of Nursing

PLEASE PRINT

Date _____

Name _____
Last First Middle Maiden

Other name(s) which may appear on transcript(s) _____

Social Security Number _____ Birth Date: _____ E-Mail _____

Permanent Address: _____
Street/Route City State Zip Code

Home Telephone _____ Cell Phone _____

Do you have a current application on file at Hannibal-LaGrange University? Yes No

I am interested in the ASN Program the RN to BSN Online Completion Program

Are you currently enrolled in College/University? Yes No

If yes, where? _____
Name of School City State Dates Attended

Have you ever been accepted to a nursing or allied health program? Yes No

If yes, where? _____
Name of School City State Dates Attended

Have you ever withdrawn or been dismissed from a nursing or allied health program? Yes No

If yes, please identify institution and explain: _____

Current LPN/RN License: _____
Active/Inactive Number State

Expiration Date Other State License and Number

Is your nursing license currently being disciplined? Yes No

If yes, please explain: _____

Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed (excluding traffic violations)? Yes No

PLEASE READ the following paragraph before signing your application.

I understand that failure to complete all items of this application, giving misinformation, or having an incomplete application on file will void my application for admission to the Division of Nursing. Other information and documents submitted to Hannibal-LaGrange University as part of the application process are also considered part of my Division of Nursing application

Signature: _____
Legal Name in Ink Date