LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
Department of Nursing

NURSING 1014 (FUNDAMENTALS OF NURSING) APPLICATION

NAME_____ SS#_____
Last First MI

ADDRESS_____ Phone# (____)_____
Street

_____ Enrollment Requested _____
City State Zip Code Semester / Year

I. Completed Pre-requisites?

	YES	NO	Currently Enrolled
Chemistry 1001	____	____	_____
English 1001	____	____	_____
Math 1021	____	____	_____
Biology 1161	____	____	_____

II. Four year degree(s) held? Yes_____ No____ If Yes, List_____

III. Enrolled at another university at any time during the current semester? Yes____ No____
(Official transcripts must be on file at LSUA by May 1 for Fall selection and December 1 for Spring selection.)

IV. Currently hold a health care license(s) (LPN, Resp. Therapy, etc.?) Yes___ No___

A. If Yes, List _____
B. Health care license ever revoked, suspended or restricted?
Yes____ No____ (If Yes, see Department Chair of Nursing for guidance).

V. Completed attached "Board Approval to Enroll in a Clinical Nursing Course". Yes____ No____

VI. Signature below verifies receipt and reading of Academic and Professional Standards and the Nursing Student Handbook.

_____ _____
Student Signature Date Submitted

_____ _____
Departmental Representative Signature Date Received

Black Ink Only