

If you answered no you must complete the LSUA Application Form. To submit the application forms with fees on-line go to <http://admission.lsua.edu/roadMap/applicationprocess.aspx>

EMPLOYMENT RECORD: List the last two positions you held as an R.N. (most recent first)

Employer Name & Address	Position Held	Dates From	Dates To	Supervisor Name & Phone Number

Do you aspire to earn a degree beyond the B.S. in Nursing? Yes No

If yes, which advanced degree would you pursue: Nurse Practitioner Nurse Anesthetist

MNS to teach Doctorate

I certify that the forgoing statements on this application are true, complete and accurate:

_____ Date _____
(Applicant's Signature)

RETURN COMPLETED APPLICATION FORM TO:

Louisiana State University Alexandria
Department of Nursing
8100 Hwy 71 South
Alexandria, La 71302

Be sure to include: Official transcripts and Copy of RN License