

<p>NSHE ID: _____</p> <p>Application for Admission School of Nursing University of Nevada, Las Vegas Bachelor of Science Basic (Pre-licensure)</p> <p>Pre-Nursing Catalog Entrance Year: _____</p>	<p><u>IMPORTANT</u></p> <p>You must be admitted to UNLV as a Pre-Nursing Major before you may apply for admission to the School of Nursing.</p> <p>You must attend a mandatory BSN signing appointment at which time your application will be accepted.</p> <p>You must make an appointment with the Health Sciences Advising Center. Call 702-895-5448.</p> <p>No mailed applications will be accepted.</p>
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The semester for which you are applying:
 Fall _____ (Year) Spring _____ (Year) Summer _____ (Year)
Application Deadlines: July 1(Fall Semester) **November 1**(Spring Semester) **March 1**(Summer Semester)

Part I: Identification Information

Full Legal Name: (Last, First, Middle, Maiden)		Social Security Number:	
Home Address:			
City:	State:	Zip:	Home Phone:
email:		Mobile Phone:	

Part II: Previous Education

Complete the following information related to all Colleges/Universities attended (use additional paper if necessary). **NOTE: Official transcripts must be submitted to the Office of the Registrar before application is accepted.**

Name of Institution:	City & State:
Degree/Diploma Earned & Date:	Attendance Dates:

Part III: Proficiency in English Language

English is my native language.) _____ (initial)

I am a non-native speaker of English. I have provided official transcripts and proof of TOEFL iBT English language proficiency tests (the only test accepted) to the Health Science Advisement Center. _____ (initial)

Part IV: Information to Candidate Related to Licensing

Professional licensing boards in Nevada and elsewhere may refuse to issue a license if an individual has a felony or other conviction on his or her record. You are advised that if you have been convicted of a criminal offense, other than a minor traffic offense, you will be required to disclose to the respective board the nature of the offense, the court in which the conviction occurred, and what disposition occurred as a result of that offense. This disclosure must be made irrespective of whether you served a sentence and had your civil rights restored, or had the conviction(s) expunged from your record.

Also, health care facilities require a background check prior to students being allowed in the clinical areas. Findings of past misconduct on the background check may preclude such students from practicing in the facilities, which may prevent the student's ability to complete the program.

Applicant initials _____

Part V: Affirmation of Accuracy

I hereby certify that to the best of my knowledge the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the program.

Signature: _____

Print Name: _____

Date of Application: _____