

ADMISSION APPLICATION - ASSOCIATE OF APPLIED SCIENCE IN NURSING

Application for admission to: Fall semester 20____

Spring semester 20____

Name:		EKU ID:
Date of Birth (mm/dd)		Have you been admitted to EKU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City/State:	County:	Zip Code:
EKU Email:		Home phone:
		Cell phone:
High School (attending/attended):		Date of graduation (month/year):
List all previous Colleges and Universities attended:		
Total University/College hours completed:		Degree received:

1. Are you a Licensed Practical Nurse? ☐ Yes ☐ No If yes, please provide license verification form.

2. Have you ever been enrolled in a nursing program? ☐ Yes ☐ No

If yes, please complete the **Application for Admission from Previous Nursing Program Enrollment** form.