

# SOUTHERN ADVENTIST UNIVERSITY

## Baccalaureate Degree Application

## School of Nursing

(PLEASE PRINT OR TYPE)

Date \_\_\_\_\_

Legal name Mr. \_\_\_\_\_ Preferred name \_\_\_\_\_  
Mrs. Last First Middle (or Maiden)

Home Address \_\_\_\_\_  
Number and Street City State Zip

Telephone ( ) \_\_\_\_\_ Graduation date from basic program \_\_\_\_\_

Professional nursing license # \_\_\_\_\_ Expiration date \_\_\_\_\_

Date and place state boards were (or will be) taken for the first time: Date \_\_\_\_\_ State \_\_\_\_\_

Give name (if different from above) used when taking state boards for the first time \_\_\_\_\_

Name of educational institution from which you graduated in nursing \_\_\_\_\_

School address \_\_\_\_\_  
Number and street City State Zip

List all nursing work experience (most recent employment first)

| Dates | Place of employment and position |
|-------|----------------------------------|
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The School of Nursing reserves the right to deny admission to or remove students from the nursing program who have records of misconduct, legal or otherwise, that could jeopardize their professional performance.

Have you at any time ever engaged in any form of child abuse or child molestation or engaged in the use, sale, or other distribution of illicit drugs?

no  yes If yes, please explain.

Have you ever been convicted of a crime, other than a minor traffic violation?

no  yes If yes, please explain.

Applicant's signature

Date

Print your full name

MAIL TO  
School of Nursing  
SOUTHERN ADVENTIST UNIVERSITY  
Post Office Box 370  
Collegedale, TN 37315-0370