



**DILLARD UNIVERSITY  
SCHOOL OF NURSING**

Application for Admission

RN-BSN

Directions:

Carefully read the entire application form before completing. Print legibly or type information on the form. The School of Nursing is not responsible for incorrect and/or illegible information entered on the application form.

The application should be submitted with official transcripts.

Do not submit partial or incomplete admission information. Only completed applications will be accepted and reviewed.

**A completed application consists of:**

- 1) Complete a Dillard University application**
- 2) Copy of ALL official transcripts for ALL institutions attended**
- 3) Completed and signed Dillard University-School of Nursing application form**

Illegible forms and/or transcripts will not be reviewed or considered during admission review.

**Potential nursing student must be accepted to and enrolled at Dillard University to be considered for admission to Dillard University-School of Nursing.**

**Bring completed application to Dillard University-School of Nursing by Friday May 1, 2015 at 4:30pm. No applications will be accepted after this date and time. NO EXCEPTIONS.**

If mailing, the completed application must be post marked by Friday May 1, 2015. No applications will be accepted or reviewed after this date. **NO EXCEPTIONS.**



**DILLARD**  
UNIVERSITY

**DILLARD UNIVERSITY  
SCHOOL OF NURSING**

**Admission Application Form**  
**RN-BSN**  
*(Print legibly or type)*

**Admission**  
Summer 2015

**Application Deadline**  
May 1, 2015 by 4:30pm

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
*(First) (Middle) (Last)*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: *(Home)* \_\_\_\_\_

*(Cell)* \_\_\_\_\_

*(Alternative)* \_\_\_\_\_

**DU Email:** \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*(Month) (Day) (Year)*

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race: \_\_\_\_\_ African-American  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ White  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

\*\*Religious Affiliation: \_\_\_\_\_ Christian  
\_\_\_\_\_ Non-Christian

**\*\*NOTE:** This information is only being asked as certain Scholarships are available to students who identify as Christian.

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, of what country are you a citizen? \_\_\_\_\_

If not, what is your U.S. status? \_\_\_\_\_

Do you have an unencumbered Registered Nurse license to practice? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have an unencumbered Registered Nurse license to practice in the state of Louisiana?

\_\_\_\_\_ Yes \_\_\_\_\_ No

You must present proof of Registered Nurse license to practice in the state of Louisiana at your initial registration and again in each Semester while enrolled.

**NOTE:** Beginning nursing students are admitted to the first clinical course in the Fall Semester. Students applying for readmission may be considered for a January start date.

### EMERGENCY INFORMATION

Give name, address and telephone number of person who may be contacted in case of an emergency.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cell/Alternative #: (\_\_\_\_\_) \_\_\_\_\_

### ACADEMIC INFORMATION

List all colleges and/or universities attended, beginning with the most recent.

Name of Institution, City/State	Dates Attended (Month/Year)	Degree Received/ Major
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	

	From:	
	To:	

List all professional and technical schools attended, beginning with the most recent.

Name of Institution, City/State	Dates Attended (Month/Year)	Degree/Certificate Received/ Major
	From:  To:	
	From:  To:	
	From:  To:	
	From:  To:	

High School

Name of Institution, City/State	Date of Graduation

**ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.** A completed application consists of:

- 1) Complete and signed Dillard University-School of Nursing application form
- 2) Copy of ALL official transcripts for ALL institutions attended

**NOTE: Potential nursing students must be accepted to and enrolled at Dillard University to be considered for admission to Dillard University-School of Nursing.**

I, \_\_\_\_\_ (*signature*), acknowledge that the above information is correct to the best of my knowledge. I understand it will be held in strict confidence and only be used for academic purposes for Dillard University, School of Nursing.

Submit completed application to: **Admission, Progression & Retention Committee  
Dillard University – School of Nursing  
2601 Gentilly Blvd. New Orleans, LA 70122**