

PLEASE PRINT CLEARLY

NAME _____

STREET ADDRESS, CITY, STATE, ZIP

P.O. BOX (if applicable)

EMAIL ADDRESS- (LC and Personal)

BIRTHDATE

CELL PHONE

WORK PHONE

HOME PHONE

1. Have you had any prior nursing or health care education? Yes _____ No _____

a. If yes, what type?

_____ Practical Nurse _____ Registered Nurse _____ Nursing Assistant

_____ EMT Other (please list): _____

2. Do you hold a license to practice any health care occupation? Yes _____ No _____

a. If yes, give title of occupation, license number, and state of licensure:

3. Have you ever had any occupational license revoked, suspended, or limited in any way? Yes _____ No _____

a. If yes, please attach a brief explanation.

4. Please list all colleges attended, in chronological order:

NAME OF SCHOOL	DATES OF ATTENDANCE	PROGRAM/DEGREE EARNED

5. Please list all work experience, as employee or volunteer, in chronological order:

PLACE OF WORK	TYPE OF WORK	LENGTH OF SERVICE

6. Why have you chosen LaGrange College? (**please submit on a separate sheet of paper**)

7. In the form of an essay, explain why you wish to enter nursing. (Essay should be completed on a separate sheet on paper and included with your application.) (**1/2 page- page**)

8. Request from the Registrar or Admissions office to forward directly to the Nursing Department:

- a) (Transcripts) Copies of your academic records showing all course-work completed or attempted.
- b) (E-Scripts accepted – cvanhoose@lagrange.edu)

9. You may submit this application beginning January 2nd - the **deadline is April 15th** for Fall.

10. You must provide the Nursing Department with (3) letters of reference (1 Personal, 1 Professional, and 1 Instructor) to be included with this application.

11. Include a copy of TEAS with application or a date that you are scheduled to take it. (Application will not be complete until TEAS is received)

*****Please understand that your application cannot be processed until all required documents are received.*****

*Acceptance into the program is based on an Admission Score that ranks applicants based on GPA, TEAS, and grades in Science.

I hereby certify that the information that I have provided is true and accurate.

Signature

Please submit your Nursing Application and information...

By mail to:

LaGrange College
Nursing Department
601 Broad Street
LaGrange, GA 30240

In person to:

LaGrange College
Nursing Department
301 Panther Way
LaGrange, GA 30240