Campus Box 1066 Edwardsville, IL 62026 Phone: 618-650-3956 Fax: 618-650-3854

Edwardsville Campus OR Carbondale Campus



APPLY TO ONE CAMPUS

All Applicants: Once admitted to a specific campus, you must remain at that campus location for the duration of the program.

		Applicant Info	rmation				
Full	Student ID#						
Name:	Last	First		M.I.	Stude	ent ID#	
Address:							
714410001	Street Address (note: Decision	on letters will be sent to this address)			Apartment	t/Unit #	
	City				State	ZIP Code	
Phone:	()	E-mail /	Address:				
Mobile Ph	one: <u>(</u>)						
	Education/	Franscript Information – List	All Colle	eges/U	niversities A	ttended	
School:		City/State:					
_			YES	NO			
From:	To:	Did you graduate?		Ш	Degree:		
School:		City/State:	YES	NO			
From:	To:	Did you graduate?			Degree:		
School:		City/State:					
From:	To:	Did you graduate?	YES	NO \square	Degree:		
1 10111.	10.						
Please lis	st experiences you have o	Co-Curricular/Volunteer/stained outside the classroom.				mnlished as a part of a group	
		ially. If additional space is nee					
Activity						Dates Involved	

	,	,	,
Position			Group/Organization

Leadership Experience

Please detail any positions you have held which placed you in a leadership role.

The applicant is advised that open and candid disclosures of their past or ongoing criminally actionable acts are strongly encouraged. Failure to adhere to an honest personal disclosure of past or ongoing acts may affect a student-applicant's ability to apply for or take the professional nursing licensing examination in a state or affect that state's Board of Nursing or Professional Regulation Board from granting the requisite license.

Signature/Certification

I certify with the inclusion of my signature that the information provided in this application and any supporting documentation is complete and accurate to the best of my knowledge. I also understand that any falsified or omitted information may disqualify me from admission consideration.

Applicant's Signature Date

Application deadline for the Traditional Option is March 1, 2014 for Fall 2014 enrollment. The application process will be competitive. Any applications received after March 1st will only be considered on a space-available basis. The HESI A2 Admission Assessment exam must also be completed by the March 1st deadline for this application to be considered complete.

Please return completed application and all supporting documentation to:
Southern Illinois University Edwardsville
School of Nursing
Campus Box 1066
Edwardsville, IL 62026
Office: 618-650-3956

Fax: 618-650-3854

The SIUE Annual Security and Fire Safety Report is available online at www.siue.edu/securityreport. The report contains campus safety and security information and crime statistics for the past three calendar years and fire safety policies and fire statistics for the previous calendar year. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.