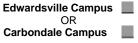
Campus Box 1066 Edwardsville, IL 62026 Phone: 618-650-3956 Fax: 618-650-3854

OR





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.

Admission Application - Traditional Option - Fall 2015

		Applicant Inf				
Full		- Лррпоан-ни	Offination.			
Name:	·		Student ID#			
	Last	First		M.I.		
Address:						
	Street Address (note: Decision letters will be sent to this addres				Apartmen	t/Unit #
	City				State	ZIP Code
Phone:	()	il Address:	:			
Mahila E	Ohana. ()					
Mobile P	none: ()					
			<i>.</i>			
	Education/Transcript	Information – List All Colleg	jes/Unive	rsities	Attended -	INCLUDING SIVE
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:	VEO			
F	To	Did you are dusted	YES	NO [D	
From:	To:	Did you graduate?			Degree:	
			·	NI-		
Have you	previously completed the	HESI A2 Exam?	Yes □	No		
		Co-Curricular/Volunteer				
		gained outside the classroom.				
Organizad	on, or completed individ	lually. If additional space is ne	eaea, pie	ase au	асп то аррііса	₹ <i>ĭiOn</i>
Activity						Dates Involved
-						

r lease detail any positions you have held which placed you in a leadership fole.						
Position	Group/Organization					

Leadership Experience

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 disgualify me from admission consideration.

Applicant's Signature Date

The signed Minimum Technical Standards form must accompany this application in order for it to be complete.

Application deadline for the Traditional Option is March 1, 2015 for Fall 2015 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.