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

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.

SOUTHERN ILLINOIS UNIVERSITY

SCHOOL OF NURSING

			Applicant Inf	ormation			
ıll ame:							SS#:
anne.	Last		First			М.І.	_ SS#:
ddress:							
	Street Address (note: Decision letters will be sent to this address)				Apartment/Unit #		
	City					State	ZIP Code
hone:	()		E-mail Address:				
obile hone:	()		Student ID#:			_	
		Education/Tr	anscript Information – List		ges/Un	iversities A	ttended
School:			City/State:				
_				YES	NO		
From:		10:	Did you graduate?			Degree:	
School:			City/State:	YES	NO		
From:		To:	Did you graduate?			Degree:	
School			City/State:				
School.				YES	NO		
From:		To:	Did you graduate?			Degree:	
			Co-Curricular/Volunteer	/Service E	xperie	nce	
			gained outside the classroom individually. If additional spa	n. These n	nay hav	/e been acco	
Activity							Dates Involved

## Leadership Experience

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

Position	Group/Organization

## 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, 2012 for Fall 2012 enrollment. The application process will be competitive. Any applications received after March 1<sup>st</sup> will only be considered on a spaceavailable basis. The HESI A2 Admission Assessment exam must also be completed by the March 1<sup>st</sup> deadline for this application to be considered complete.

> Please return completed applications 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