

**APPLICATION FOR CLINICAL ADMISSION**  
*DIVISION OF NURSING*  
**LOUISIANA TECH UNIVERSITY**

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Please check the program you are applying for:       Extension Program (LPN to RN)       A.D. Program on Campus

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone No.(    ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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Male     Female    Age \_\_\_\_\_    Race \_\_\_\_\_     Married     Single    Are you an LPN?     Yes     No

Employer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**EDUCATION** (Use back of sheet if necessary)

SCHOOL	ADDRESS	DATES	DIPLOMA / DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EMPLOYMENT** (Use back of sheet if necessary)

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**\*\*On the back of this sheet, please write a short statement indicating why you are interested in the nursing program at Louisiana Tech.**

Please return this sheet to:    **Pamela Moore, RN, C, MSN, CNS**  
Director – Division of Nursing  
Louisiana Tech University  
P. O. Box 3152  
Ruston, LA 71272

**NOTE:** Forms for admission to the **University** must be secured from the office of Admissions at Louisiana Tech University.