Application for Admission
Division of Nursing
Louisiana Tech University

Application for SPRING 20_____ or FALL 20_____

Today's Date: _____

Date Received: _____

Full Legal Name: _____ SSN:_____

Email Address: _____CWID #: _____

Birthdate: _____Mobile No. ( ) _____Home Phone No. ( ) _____

Current Address: _____Apt: _____City: _____State: _____ Zip: _____

Are you an LPN? ☐Yes ☐No Have you taken clinical nursing courses from another nursing program? ☐Yes ☐No

I have reviewed the Core Performance Standards for Nursing (ASN) - latech.edu.

_____(initial) _____(date)

Education: (Use back of sheet if necessary)
* High School and all colleges, universities, and professional schools that you have attended.

SCHOOL	ADDRESS	DATES	DIPLOMA/DEGREE

Employment (Use back of sheet if necessary)

EMPLOYER	POSITION	DATES

Please return this application to:

Division of Nursing
Louisiana Tech University
P.O. Box 3152
Ruston, LA 71272

Postmarked by the deadline

OR return this application to:

The Division of Nursing office by 5p.m. on the deadline

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

12/20/2016, 03/26/2018, 9/19/18, 6/2/25