

Application to the AAS in Nursing Program
Lincoln University
Department of Nursing Science
4904 Constitution Ave
Fort Leonard Wood, MO 65473
573-329-5160

Due Date: April 1st for August admission.

Year you are applying for: _____

Nursing Applicant Information:

Name: _____ SSN: _____
(Last) (First) (Middle)

Former Last Names: _____ Student ID# _____ DOB: _____

LPN License # and State _____ (Copy required with application)

Has your professional license ever been revoked, suspended, placed on probation, or otherwise subject to any disciplinary action? Y_____ N_____ (If yes, explain on a separate sheet of paper and attach to your application. Write your Student ID number at the top of each sheet of paper.)

Mailing Address: _____

Telephone Number: (C) _____ E-Mail Address: _____
(H) _____

Date applied for undergraduate admission to Lincoln University: _____

Are you in good standing (academic and non-academic) with Lincoln University? Y_____ N_____

Have you attended an Information Seminar? Y_____ N_____ Date: _____

Have you met with an Academic Advisor within the past 60 days? Y_____ N_____ Date: _____ (If no, please contact the Department of Nursing Science at 573-329-5160 to make an appointment with your nursing advisor prior to submitting your application.)

Have you successfully completed the Nursing Entrance Test (HESI A2) with a **70** composite score? Y _____ N _____

Date completed _____ Score _____

Have you ever been denied admission or progression in a school of nursing or practical nursing program? Y _____ N _____
 (If yes, please explain on a separate sheet of paper and attach to your application. Write your Lincoln University Student ID number at the top of any supplemental sheets attached to your application.)

Student ID# _____

Have you completed all required pre-requisite coursework? Y _____ N _____ (Complete the below information.)

Course Number	Course Title	Grade Received	Date Taken	School
GE 101	University Seminar			
BIO 103	Principles of Biology			
BIO 103L	Principles of Biology Lab			
MAT 51	Basic Algebra			
ENG 101	Composition and Rhetoric I			
PSY 101	General Psychology			
BIO 208	Human Anatomy & Physiology			
BIO 209L	Human Anatomy & Physiology Lab			

Are you currently enrolled in undergraduate coursework? Y _____ N _____

If yes, please complete the below information and attach proof of enrollment to your application.

Course #	Course Title	Credit Hours	Name of School	Begin Date	End Date

Work History – List any work experience you have had, beginning with your present or most recent employment. Use additional sheet of paper if needed to provide a complete work history. Ensure you write your Lincoln University Student ID number at the top of any supplemental sheets attached to your application.)

Employer	Address and Phone	Position Held	Dates of Employment	Reason for Leaving

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Education - List all education experiences post-high school, beginning with your current or most recent education. Official transcripts from all colleges and universities attended must be sent directly to the nursing department and must be received by the April 1st deadline date. If you are an LPN you must submit a copy of license and official transcripts. If you have less than 30 transfer credits you must also submit official high school transcripts and ACT/SAT test scores.

Name of School	Dates Attended	Area of Emphasis	Semester Hours Earned or Degree Received

Student ID# _____

Professional Licenses or Certificates/Other Job Related Training (I.E. Military or Vocational): List all Professional Licenses, Certificates or other job related training below.

Name of Professional License, certificate or other job related training. (i.e. CPR, CNA, EMS, etc.)	Issuing Authority (i.e. AHA, Red Cross, military, etc.)	Date of Issue	Expiration Date

The Lincoln University Bulletin contains information pertinent to progression in coursework and graduation with an AAS degree. You can view the Lincoln University Bulletin online at www.lincolnu.edu.

I certify that the information given in this application is complete and accurate to the best of my knowledge. I understand that giving of misinformation may void my admission to the Lincoln University Nursing Program.

I give my permission for the Department of Nursing Science to contact the above named institutions and for them to release information without liability to them.

I understand that I am responsible for contacting the Fort Leonard Wood campus office at 573-329-5160 to ensure that my application and references have been received and are complete by the deadline. To ensure timely communication

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and processing of admission materials, I am also responsible for providing my current address and contact numbers to the Department of Nursing Science to ensure timely communication and processing of admission materials.

In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 and its amendments, I waive _____ I do not waive _____ my right to see any supplemental information received.

Please note the application is not valid without the applicant's signature.

Signature of Applicant

Date