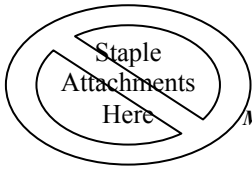


**Purdue University North Central Department of Nursing  
Enrollment Checklist (RN –BS)**

**Welcome!**

You are about to embark on another exciting part of your nursing journey and the Department of Nursing faculty and staff want to thank you for choosing Purdue North Central to assist you on the trip! The following checklist will facilitate completion of the admission process to the nursing program and help you as you continue on your journey.

<b>NURSING APPLICATION PROCESS</b>	<b>COMPLETED</b>
<p align="center">if you are not a current student at Purdue North Central</p> <p><b><u>STEP 1: COMPLETE AN APPLICATION TO PURDUE NORTH CENTRAL</u></b></p> <ul style="list-style-type: none"> <li>• Applicants must complete the Application for Undergraduate Admission to PNC (IF never been a Purdue Student) Use the following link: <a href="#">Purdue North Central Application</a></li> <li>• Applicants that have been a Purdue student but have been out of the Purdue system for one or more semesters need to do a re-entry. Use the following link <a href="#">Re-Entry Information - Purdue North Central</a></li> </ul>	_____
<p align="center"><b><u>STEP 2: COMPLETE AND SIGN AN APPLICATION TO THE DEPARTMENT OF NURSING</u></b></p> <p align="center"><b><u>Registered Nurse (RN) to Bachelor of Science:</u></b> this program allows the Registered Nurse (RN) to continue on towards the completion of a Bachelor Degree. It is designed to be completed in two years.</p> <p><b><u>On the Nursing Application:</u></b>            Did you answer all applicable questions?            Are you licensed as a CNA, LPN, EMT or RN? Yes: _____ No: _____            If you answered yes:                Did you provide a copy of the license(s)            Did you sign the application?</p>	_____ _____ _____
<p align="center"><b><u>STEP 3: TRANSCRIPTS</u></b></p> <p>Transcripts must be attached to your Nursing application. An unofficial <b><u>copy</u></b> of all college transcript(s) is sufficient.</p> <p>Submitted a completed application to the Department of Nursing</p>	_____



Missing or incorrect items will disqualify your application.

APPLICATION: Bachelor of Science with a Major in Nursing for the Registered Nurse or the Registered Nurse Candidate

PLEASE READ CAREFULLY!

- Applicants must also complete the Application for Undergraduate Admission to PNC (IF never been a Purdue Student )
Applicants that have been a Purdue student but have been out of the Purdue system for one or more semesters need to do a re-entry (www.pnc.edu/admissions)
Missing or incorrect items will disqualify your application.
Applicants MUST attach a COPY of all College transcripts (unofficial is acceptable) with this application and submit to the Nursing office.

ENTRY DATE (check semester you wish to begin) Year \_\_\_\_\_ Fall \_\_\_ Spring \_\_\_

Official Use Only
Date Rec'd \_\_\_\_\_
Status \_\_\_\_\_

LEGAL NAME \_\_\_\_\_
Last First Middle

FORMER NAME \_\_\_\_\_ Maiden \_\_\_ Previous \_\_\_
Indicate any former name(s) under which educational records are listed.

HOME ADDRESS \_\_\_\_\_
Number/Street City State ZIP

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
Home Phone Cell Phone

EMPLOYMENT \_\_\_\_\_
Employer, length of employment, and average hours worked per week (if employed during past 12 months)

LICENSING Check all that apply STATE: \_\_\_\_\_ CNA \_\_\_\_\_ LPN \_\_\_\_\_ EMT \_\_\_\_\_ RN License # \_\_\_\_\_
STATE: \_\_\_\_\_ CNA \_\_\_\_\_ LPN \_\_\_\_\_ EMT \_\_\_\_\_ RN License # \_\_\_\_\_

Hard copy of licensure(s) must be attached to the application.

CRIMINAL HISTORY Are you currently under investigation or is disciplinary action pending against any licensure in any state, or territory of the US?
Yes No

Have you ever been convicted, entered a plea of guilty, nolo contendere (no contest), or have you ever been sentenced, served time in jail or prison, or had probation or sentence deferred in any felony or undesignated offense?
Yes No

SIGNATURE I certify that the information provided on this application is accurate and true. I understand that falsified information may result in denial of admission and/or termination of enrollment at Purdue University North Central. I agree to abide by the policies, rules and regulations of Purdue University North Central. I authorize my high school to furnish all academic and personal information requested by the Office of Admissions of Purdue University North Central. I authorize Purdue to report my academic progress to my counselor for the purposes of curriculum development and improvement of instruction. I authorize the Office of Financial Aid to release, as it deems appropriate, information on my academic program (including grades) and the amount of any award I may receive to agencies, institutions, and others involved in providing funds for my education.

Signature of Applicant Date

PURDUE UNIVERSITY NORTH CENTRAL
DEPARTMENT OF NURSING
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