



Traditional Undergraduate Program
Department of Nursing
College of Professional Studies

Undergraduate Nursing Program Application

PERSONAL INFORMATION (Please type or print)

Name: _____

Social Security Number: _____ Date of Birth _____

Permanent Address: _____

City/ State/ Zip Code: _____

Current Address: (if different from permanent address): (Include No., Street, City, State, & Zip)

Home Phone Number: _____ Cellular Phone Number: _____

Business Phone Number: _____ Fax Number: _____

E-mail Address: _____

Country of Birth: _____ Country of Citizenship: _____

Are you currently a member of the United States Armed Forces? []Yes []No

If yes, what branch? _____

Do you have any disabilities that will require special accommodations? []Yes []No

(If yes, please explain):

Citizenship Status:

U.S. Citizen (Yes or No) _____ Permanent Resident Alien _____ Refugee _____ Asylee _____

Other: _____ (Attach a copy of your alien registration card.)

Is English your first language? Yes ___ No___ (If no, what language): _____

PROGRAM INFORMATION

Expected Entry Term: Fall / Year _____

Have you previously applied to this nursing program?
Yes No (If yes, when?) _____ (Semester / Year)

Have you previously attended another nursing program?
Yes No If yes, when? ____ (Semester / Year)

EDUCATIONAL BACKGROUND

List in chronological order all high schools and colleges or universities previously attended, including all specialty schools or programs. (Start with the most recent college or school attended. Write on the back of this form if necessary.)

High School (s) Attended	Location	Dates Attended	Diploma

College/Universities Attended	Location	Dates Attended	Degree or Certificate

EMERGENCY CONTACT INFORMATION

Please provide the name of an individual that we may contact in case of an emergency:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Additional Background Information

Have you ever had any legal criminal charges or complaints brought against you?
No _____ Yes _____

Do you have any drug or alcohol use that may interfere with performance in classroom or clinical areas?
No _____ Yes _____

Do you have any type of discipline or action on your license such as a CNA/GNA or LPN?
No _____ Yes _____

**** Please note that interested students answering YES to this question are advised to seek information from the Maryland Board of Nursing regarding permission to obtain a license.**

Biostatistical Information

The following information will be kept confidential. The information you provide will be used only for statistical purposes.

Age: _____

Gender: Male Female

Ethnicity: African-American African American Indian or Alaskan Asian-American
Latin-American Caucasian Other: (Specify) _____

Have you previously earned an undergraduate degree? Yes No

(If yes, where?): _____

To the best of my knowledge, the information furnished in this application is complete, true and correct. I understand that falsification or any misrepresentations of my qualifications may result in the denial of my admission application or dismissal from the program if admitted. I agree that if admitted to Bowie State University's Nursing Program, I will, during such time as I may be enrolled as a student, abide by all the rules, regulations, practices, and policies of Bowie State University.

Signature: _____ **Date:** _____

(Applications to the Department of Nursing at Bowie State University are considered for admission without regard to race, color, religion, gender, nation of origin, age, disability or veteran status.)

***As a reminder, you must receive confirmation of admission to Bowie State University, prior to applying for admission to the nursing program.**

Please forward your completed application and all requested documents to:

Attn: Mr. Kenneth Dovale, Academic Advisor
Department of Nursing
Center for Learning and Technology, Room 202
Bowie State University
14000 Jericho Park Road
Bowie, Maryland 20715