

Oklahoma Panhandle State University Bachelor of Science In Nursing Program Application for Admission

Personal Information

Name:				Date:
Last	First	MI	Maiden	
Home Address:				
City, State zip:				
Home Phone Number:			Business Phone Number:	
E-Mail Address:			Social Security Number:	
Fax Number:				

The following information is for demographic purposes only and will not be used in determining admission to the nursing program.

Date of Birth _____ Place of Birth _____ Are you a U.S. citizen? Yes _____
No _____

- | | | | | |
|--|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | | | |

Employment Data

Current Employment:

Employer:

Address:

Position/Title/Department:

Briefly describe your present job/position:

Past Employment: (Begin with most recent and work back. Attach additional pages if necessary.)

Employer:

Address:

Position/Title/Department:

Briefly describe the job/position you held:

Employer:

Address:

Position/Title/Department:

Briefly describe the job/position you held:

Education		
School, College or University: List all Schools (Name, City, State)	Dates Attended:	Graduation Date Degree, Major
Technical or Trade School:		
Undergraduate College or University(s):		
Graduate School:		

Licensure and Certification
List states in which you currently hold RN Licensure and dates of initial Licensure and license numbers.
List any present Licensure and/or certifications, with certifying body and dates.
List any past Licensure and/or certifications.

To be considered for admission, submit the following:

1. Completed OPSU Bachelor of Science in Nursing Program application
2. Completed OPSU University application
3. Official transcripts of all schools, colleges, or universities attended

RETURN APPLICATION TO:

Oklahoma Panhandle State University • Bachelor of Science in Nursing Program • P.O. Box 430 • Goodwell, OK 73939
 Telephone No. 580-349-2611 or 1-800-664-OPSU ext 367 or 269 • Fax No. 580-349-2302 • nursing@opsu.edu

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Nursing Program

 Signature

 Date

Oklahoma Panhandle State University in compliance with Title VI and VIII of the Civil Rights Act of 1964 Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, American Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid and educational services. This publication is issued by Oklahoma Panhandle State University as authorized by the Bachelor of Science in Nursing Program.