Lurleen B. Wallace College of Nursing Application for Admission to the STEP Program

•	· · · · · · · · · · · · · · · · · · ·	al goals statement de cense. Fax (256) 782		<mark>reasons</mark> f	for pursuing a B	SN degree and a		
TERM FOR WHIC	JSU Stud	JSU Student ID Number:						
Name:								
(L	.ast)	(First)	(N	(Middle or Maiden)				
Personal E-mail:			JSU E-n	JSU E-mail address:				
Phone (H)		(Work)		(Cell)				
Address:								
	Address		City		State	Zip Code		
Please list all sta additional sheet	,	nber & expiration d	ate in which y	ou have a	n RN License: (a	ttach an		
RN Lic:			RN Lic :		NT 1			
State	Number	Exp Date		State	Number	Exp Date		
RN Lic:			RN Lic :					
State	Number	Exp Date		State	Number	Exp Date		
If no, please list	which states are	e unencumbered? () e encumbered <u>license, it must be un</u>						
RN Degree Conf	ferred by:	me of Institution	(Tity State	Gradu	ution Date		
• •	revious Bachelo	me of Institution or's degree in anothe ersity, degree obtain	er field from a	an accredi	·	() Yes () No		
		e currently on file at	-					
If no, what col	lege(s) currently	has grades to be mai	iled to JSU?					
Indicate d	late transcript wa	as requested:						
		For Oj	ffice Use Only					
	CLA	AHP	NL	EN	IDB	_CIT		

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If you have not completed the core requirement courses, indicate your plan for completion: (include courses in which you are currently enrolled)

Course Numb	er/Title	Со	llege/University	Term			
Computer L	iteracy	□ Beginner	□ Moderate	□ Advanced			
Word/WordPerfect		□ Beginner	□ Moderate	\Box Advanced			
EXCEL		□ Beginner	□ Moderate				
ACCESS		□ Beginner	□ Moderate	□ Advanced			
Internet		□ Beginner	□ Moderate	□ Advanced			
Gender:	□Male	□ Female	Date of Birth	Month/Day/Year			
Citizenship:	□USA	□Other; Specify	country	□Resident Alien-Specify country	ident Alien-Specify country		
What is your ethnicity?		□Hispanic/Latine	0	□Non-Hispanic or Latino			
What is your race?		□Black or Africa	n American	□Native Hawaiian or other Pacific Islander			
		□Hispanic		□American Indian or Alaska Native			
		□Asian Voluntary (not used	d for admission)	□White			

Are you currently employed by Brookwood Baptist Health, St. Vincent's Health System, Alacare or Northeast Alabama Regional Medical Center? Yes No

If yes, please select which location: Brookwood BMC Citizens BMC Princeton BMC Shelby BMC Walker BMC St. Vincent's Birmingham St. Vincent's Blount St. Vincent's Chilton St. Vincent's East St. Vincent's St. Clair St. Vincent's One Nineteen St. Vincent's Primary Care Alacare RMC- Anniston RMC- Jacksonville

I certify that the information on this application is true and complete. I understand that any falsification of this application will result in immediate dismissal from this program without recourse. I have read and understand the conditions set forth in this application: