

PRACTICAL NURSING APPLICATION

Please Print

SECTION 1: NAME

Last: _____ First: _____ Middle: _____ Suffix: _____ Former Last: _____

SECTION 2: MAILING ADDRESS

Street: _____ City/State/Zip: _____

Cell Phone Number: _____ - _____ - _____ Business Phone Number: _____ - _____ - _____

Email Address: _____

____ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program.

SECTION 3: BIRTHDAY

Date of Birth: _____

SECTION 4: GENDER

____ Male ____ Female

SECTION 5: RESIDENCY STATUS

Are you a U.S. Citizen? ____ Yes ____ No (If no, which of the following statements describes you citizenship status?)

____ I am an immigrant (permanent resident) residing in Pennsylvania.

____ I am an immigrant (permanent resident) residing in another U.S. state or territory.

____ I have a nonimmigrant visa – Specific type: _____

Are you a legal resident of the Commonwealth of Pennsylvania?

____ Yes, but less than one year. ____ Yes, for more than one year. ____ No

SECTION 6: ETHNICITY INFORMATION

Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of its students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

Please check the appropriate responses regarding your ethnicity and your race:

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin)?

____ Yes, Hispanic/Latino ____ No, not Hispanic/Latino ____ No response

What is your race (select one or more)?

____ White ____ Black or African American ____ Asian ____ American Indian or Alaska Native

____ Native Hawaiian/Other Pacific Islander ____ No response

next page ►



PennState
Hazleton

SECTION 7: ENROLLMENT

Have you ever enrolled at Penn State University? ____ Yes ____ No Date of last enrollment _____

SECTION 8: EDUCATIONAL STATUS

Did you graduate from high school? ____ Yes ____ No

If yes, please indicate name of high school attended, address, and graduation year

High School Name: _____ Address: _____

Graduation Year: _____

If you have a high school equivalency diploma (GED), please provide name of agency issuing the GED.

Agency Name: _____ State: _____ Year of Certification: _____

List all college or formal postsecondary schools attended, beginning with the institution where you are currently attending or most recently attended.

Institution Name	Dates Attended	Number of Credits Earned/Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 9: WORK HISTORY

List current and other recent work experience you have had, especially that is relevant to your proposed nursing program. List current or most recent employer first.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 10: APPLICATION ESSAY

On a separate sheet of paper, please submit an essay describing your reasons for pursuing practical nursing study, what you expect to gain from the program, and any special background factors which you think will help your studies. Please submit one double space typed page.

SECTION 11: SIGNATURE

I have completed all applicable sections of this form and I affirm their accuracy. Should there be any misrepresentation of facts, I understand this may be cause for refusal or cancellation of my enrollment.

Practical Nursing Applicant Release: My signature below authorizes the Pennsylvania State University to release one official copy of my high school or GED transcript to the State Board of Nurse Examiners.

Signature of Applicant	Date
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Course Cancellation Policy — The Pennsylvania State University does reserve the right to cancel classes due to insufficient enrollment or unforeseen circumstances.