

PRACTICAL NURSING NONDEGREE ENROLLMENT FORM

A student registering for the first time at Penn State as an undergraduate nondegree student must complete and return this form to the Registrar's Office at the campus where the enrollment is planned. Enrollment as nondegree does not imply admission to the University. The student must make formal application to be considered for admission as an undergraduate degree student.

SECTION 1: BIOGRAPHIC INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

*Social Security Number: _____

Gender: Male Female Date of Birth: _____

Home Address (Permanent Residence):

Street 1: _____

Street 2: _____

City/State/Zip: _____

Phone Number to be contacted (permanent): _____ - _____ - _____ (h) _____ - _____ - _____ (c)

Email Address (required): _____

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

SECTION 2: ENROLLMENT

Enrollment Request for (check one): Spring Summer Fall

Year: _____ Campus location: _____

Have you ever enrolled at Penn State? No Yes – Date of last enrollment: _____

Are you currently in an academic drop status from Penn State or any other college or university previously enrolled?
 No Yes

Have you ever been dismissed or suspended for disciplinary reasons from secondary school, Penn State, or any other institution, OR are you ineligible to return to a prior institution due to a disciplinary matter? No Yes

Is there an unresolved or pending disciplinary matter at a prior institution? No Yes

Have you ever plead guilty or no contest to, participated in a presentencing diversion program for, and/or been convicted of a criminal offense, OR are there criminal charges pending against you at this time? No Yes

Have you ever been denied admission to Penn State? No Yes

SECTION 3: ETHNIC BACKGROUND

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

Select 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 or origin)? Yes, Hispanic/Latino No, not Hispanic/Latino

What is your race (select one or more): White Black or African American Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native



Page 2: Last Name: _____

SECTION 4: ADDITIONAL ADDRESS INFORMATION (OPTIONAL)

Local Address

Street 1: _____

Street 2: _____

City/State/Zip: _____

Local Phone Number: _____ - _____ - _____

Work Address

Street 1: _____

Street 2: _____

City/State/Zip: _____

Local Phone Number: _____ - _____ - _____

Emergency Contact Information (Optional)

Name: _____

Phone Number: _____ - _____ - _____

Are you a legal resident of the Commonwealth of Pennsylvania?

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

SECTION 5: EDUCATIONAL BACKGROUND — HIGHEST LEVEL OF EDUCATION (CHECK ONE)

Non-High School Graduate

Currently Enrolled in High School

High School Graduate or GED Equivalency

Bachelor's Degree

Graduate Degree

High School Name: _____

Street 1: _____

Street 2: _____

City/State/Zip: _____

Date of Graduation: _____

Courses taken as an undergraduate nondegree student will appear in an undergraduate academic record.

Students desiring to have course work appear on a graduate academic record must contact the Graduate School.

SECTION 6: RESIDENCY STATUS

Are you a U.S. Citizen? Yes No If no, which of the following statements describes your 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

Not U.S. permanent resident

Visa Type: _____ Country of Citizenship: _____

Are you a legal resident of the Commonwealth of Pennsylvania?

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

Information about Penn State's Residency Policy can be found at: http://bulletins.psu.edu/bulletins/bluebook/general_information.cfm?section=Tuition2.

SECTION 7: 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

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

*The social security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services, such as transcripts, enrollment verification, tax reporting, financial aid and other services may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and only used for official reporting and record keeping. It will not be used as a primary source to identify you within the Penn State system; the PSU ID will be used as the primary identifier.

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