



Nursing Program Application

Today's Date

Please select one program:

PN

Traditional RN

Have you previously applied to any ASUN Nursing Programs?

Yes

No

Last Name

First Name

Middle Initial

Mailing Address

City

State

Zip Code

Cell Number

E-mail

Acknowledgement Statements

Please read and acknowledge the following statements by checking the box to the right of the statement prior to submitting your application.

I will be at least 18 years of age by the end of
The program.

I have completed and/or enrolled in all of the programs prerequisite courses?

I understand that I must submit transcripts by the application deadline. Failure to do so will render my application incomplete.

I understand that students who have committed violent felonies as stated in the Arkansas Nurse Practice Act Subsection 17-87-312 will not be able to enter any ASUN Nursing Program.

I understand that students must inform the Director of Nursing and ASUN of any pending criminal charges pending. Students who have falsified or withheld information regarding pending criminal charges may be dismissed from ASUN Nursing Programs.

I understand that communication regarding my application/admission status will be sent via e-mail to the address I provide on this application.

I understand that all prerequisite courses must be completed with a grade of a "C" or better by the start of the program. If this requirement is not met, I understand that I will forfeit my seat within the nursing program.

I do hereby certify that statements in this application are true and complete to the best of my knowledge.

A copy of your PAX entrance exam score is required. Follow this link and create your PAX account on the NLN website. Then choose the campus where you want to take your PAX exam: <https://ondemand.questionmark.com/400030/ext/nIntesting/>

Signature

Date

Please print, sign and return your completed application to:
ASUN Nursing Department
7648 Victory Blvd.
Newport, AR 72112