

Alumni Association

GPA 3.0 or higher

3. Second year (or higher) of RN pre-licensure nursing program or if in post-licensure program has passed NCLEX

:

Last

First

MI

City

State

Zip

_____ : _____

_____ Enrollment Statement Enclosed _____

ADN _____ LVN to RN _____ BSN _____ ADN to BSN _____

ADN to MSN _____ MSN _____ DNP _____ PhD _____ Other (specify) _____

Year in nursing program _____ Anticipated Date of Completion _____

Please include your student ID number _____

Mailing label 3038 (14810712) 3003 8 3EM.34e7-d18(\$) 4-15 (n) 25073EMd by 25771 (h) 2.0 6EM5fl-(0)0(R12)