

Health Sciences Application

Applicant Information

Full Legal Name			
Student Identification #(A number) or Social Security Number			
Home Mailing Address			
City , State, and Zip Code			
High School Name /GED		Year of Graduation	
Phone			
E-Mail Address			

Please note that an email address is **REQUIRED**. All applicants are notified of their status via email.

Please indicate the program in which you want to be evaluated. Choose one program only

- Funeral Service Education (Fall admission only). On Campus Distance Education/online

- Health Information Management (Fall admission only). This application is for on campus only.
Distance Education applicants should contact Michelle Small in Distance Education at msmall@vinu.edu

- Nursing, Associate of Science in Nursing (RN) (Fall Admission only)
- Nursing, Practical (LPN) (Fall Admission)
- Nursing, ASN Completion Concentration for LPNs (**must hold current licensure as LPN**) (Spring Admission only)
- Nursing, BSN (must hold current licensure as RN or be a senior student in the ASN Program) (Spring or Fall Admission)
Please visit our website at www.vinu.edu/nursing to view the application periods for Fall/Spring.
- Physical Therapist Assistant Program (Fall Admission only)
- Surgical Technology

Have you attended previous colleges other than VU? Please note this includes colleges/universities attended while in high school for dual credit. No Yes, please list all colleges/universities below. **Official transcripts must be on file at VU.**

Have you ever been convicted of a felony or misdemeanor? No Yes, please explain: _____

please refer to our website www.vinu.edu/healthcareers for information on our criminal history policy/procedure.

Do you currently have any criminal charges pending or are you involved in a pre-trial diversion? No Yes, please explain: _____

Do you currently hold or have you ever held licensure for any health care related field? No Yes

if yes, please list: License _____ State _____ Has there been any disciplinary action taken against this license or have you ever been denied licensure/permit for any health care profession ?

No Yes: Please explain on the other side of this application.

Signature _____

Date _____

By signing/typing your name above, you affirm that the information on this application is correct. Falsification of your application may result in your denial of admission to the College of Health Science and Human Performance and/or Vincennes University.