

Full Legal Name			
Student Identification #(A number) or Social Security Number			
Home Mailing Address			
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.			

Choose one program only. Please note that for Funeral Service and Health Information Management this is for on campus only. Distance Education applicants should contact Michelle Strate in Distance Education at mstrate@vinu.edu.

- Funeral Service Education (Fall admission only). **This application is for on campus only.**
- Health Information Management (Fall admission only). **This application is for on campus only.**
- 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)

NOTE: Applicants for Nursing (ASN, Practical, and ASN Completion): If you are selected for admission you will be required to attend mandatory nursing orientation. Please visit our website at www.vinu.edu/nursing for dates.

- Nursing, BSN (must hold current licensure as RN or be a senior student in the ASN Program) Fall Spring
Please visit our website at www.vinu.edu/nurisng to view the application periods for Fall/Spring.
- Physical Therapist Assistant Program (Fall Admission only)
- Surgical Technology. Please note that the first year of this program is concentrated on general education courses. For students selected for admission, 2nd year courses will begin second 5 weeks of summer (July).

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

If yes, please explain: _____

Do you currently hold or have you ever held licensure for any health care related field, including CNA? No Yes
License type and # _____ 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 If yes please provide a letter of explanation.

Signature _____

Date _____