



Nursing Application

Applicant Information

Full Legal Name			
Student Identification #(A number) or Social Security Number			
Date of Birth			
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.			

Applicants may only apply for one campus/one program. NOTE: Applicants that apply to both campuses will not be considered for admission. **Select one campus below. Return your application to the appropriate campus.**

Vincennes Campus. Return applications to yunursing@vinu.edu or fax to 812-888-4550. Applications can also be mailed to Vincennes University Health Sciences, 1002 North First Street, Vincennes, IN 47591.

Jasper Campus. Return applications to rsinclair@vinu.edu or fax 812-482-3305. Applications can also be mailed to Vincennes University Jasper Campus, ATTN: Nursing Department, 850 College Avenue, Jasper, IN 47546

Choose one program

Practical Nursing (required to earn licensure as a licensed practical nurse/LPN) Fall admission

Associate of Science in Nursing (required to earn licensure as a registered nurse/RN). Fall admission.

ASN Completion Concentration for LPNs. This program is only available for someone that holds a current licensure as a licensed practical nurse/LPN. (Spring admission)

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 below.

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 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? **Copies of your certification/licensure must be attached.**

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

By signing below, you affirm that the information on this application is correct. Applicants should review the Essentials Skills and Functions required for nursing at www.vinu.edu/nursing to ensure they can complete program requirements. Applicants selected for admission will be required to attend mandatory orientation. Dates for orientation can be found at www.vinu.edu/nursing. Falsification of your application may result in your denial of admission to the Nursing Program and/or Vincennes University.

Signature _____

Date _____