Note: No appointments will be scheduled without first submitting this form along with transcripts.

Prospect Record

THE UNIVERSITY OF AKRON
COLLEGE OF NURSING OFFICE OF STUDENT AFFAIRS AKRON, OH 44325-3701
http://www3.uakron.edu/nursing/

Please print (Must be filled out and returned) Date _____

_____
First Name M.I. Last Name Maiden

_____
Street Address City State Zip

Social Security or University of Akron ID Number _____

Telephone: _____
(Home) (Work) (Cell)

Email: _____

How did you hear about our program?

□ Magazine _____ □ Radio _____
□ Newspaper _____ □ TV _____
□ HS Visit _____ □ Other _____
□ College/Job Fair _____

High School Attended: _____ Year Graduated _____

Are you a current UA Student? □ Yes □ No
I would like to attend: □ Full Time □ Part Time

I intend to enter UA (check term and fill in year):
□ Fall Semester 20___ □ Spring Semester 20___ □ Summer Session 20___

I intend to pursue: □ Basic BSN □ Accelerated BSN* □ RN/BSN
□ LPN/BSN □ RN/BSN □ MSN
*Please note: The Accelerated BSN begins in summer and is full time.

I am attending/have attended the following colleges (copies of transcripts attached):
(use back of form if additional space is required)

College	Degree	GPA

In Ohio, it is necessary to gather the following information:

Have you ever been convicted of a felony? □ Yes □ No
Have you had any professional license, certificate, or registration limited or revoked in any state? □ Yes □ No

Office Use Only
Date Entered_____
Entered By:_____