

**WATTS SCHOOL OF NURSING
APPLICATION FOR ADMISSION
2828 Croasdaile Drive, Suite 200
Durham, North Carolina 27705**

Watts School of Nursing does not discriminate in the educational program or activities of the School on the basis of race, color, religion, national origin, disability, veteran status, sexual orientation, gender identity, gender expression, sex, genetic information, or age.

You are urged to give careful consideration to each question on this application and return it promptly to the Coordinator of Student Affairs. **Please print or type clearly.**

Date _____, 20_____ Social Security Number XXX - XX - _____

1. Print name in full _____
Last First Middle

2. Home # _____ Work # _____ Cell # _____

3. Mailing address _____
Number and Street City State Zip Code

E-mail address _____

4. If you are under age 18, who is your legal guardian?

Name _____

Address _____
Number and Street City State Zip Code

Relationship: _____

5. Person to be notified in case of emergency: Name _____

Home # _____ Work # _____ Cell # _____

Address _____
Number and Street City State Zip Code

Relationship: _____

6. Citizenship Status: Place of Birth _____ U.S. Citizen _____ U.S. Lawful Permanent Resident _____

7. List all high schools you have attended

Name of High School	City and State	Date of Entry	Graduation Date

8. Are you applying on the basis of a:

GED Yes _____ No _____ Date GED received _____

AHSD (Adult High School Diploma) Yes _____ No _____ Date AHSD received _____

9. List all vocational programs, colleges and universities you have attended

Name of Institution	City and State	Dates Attended	Diploma or Degree Received

10. Are any of your transcripts under another name? If so, list name used at each institution

Name: _____

Institution: _____

If any program was not completed, state reason: _____

11. Have you ever submitted an application to this school before? Yes _____ No _____

When? Month/Year _____

12. Have you ever been convicted of a criminal offense other than a minor traffic violation or are there such criminal charges pending against you? Yes _____ No _____

If yes, please explain. Use separate sheet if necessary.

13. Submit three references. You may use a recent teacher, counselor, employer, or clergyman. References from relatives are not accepted.

Write your name on the provided reference forms on the first line "Name Of Applicant" then have each individual complete the reference form and return to you for submission with your application.

14. Please type on a separate sheet of paper (A) reasons for choosing Nursing, (B) why you selected Watts School of Nursing, (C) activities and experiences since last attending school if more than three (3) months have elapsed, (D) study strategies for academic success in nursing school, (E) support system to help balance personal, work, and academic obligations.

AGREEMENT:

It is my understanding that I shall not be considered for admission in the Watts School of Nursing until I have submitted all credentials as specified by the school. I further agree to inform the school of any change 1) in my plans to attend the School of Nursing, 2) of address, 3) in my legal name.

I understand that withholding information requested in the application or giving false information on any document may make me ineligible for admission to/or continuation in the Watts School of Nursing.

I further understand that I am required to abide by the rules and regulations of the school.

With this in mind, I certify that all information, statements and documents given are correct and complete.

Signature of Applicant

Date

Signature of parent or guardian (If applicant is under 18 years of age)