

**The University of Texas at Arlington College of Nursing
Application for Admission to the Academic Partnership
BSN Nursing Program**

Please type or print in ink.

College of Nursing Application Due Dates:

| <u>Start Date</u> | <u>Application Due Date</u> | <u>HESI A2 Due Date</u> (scores must be received by deadline) |
|-------------------|-----------------------------|---|
| January | June 1 | April 1 (prior to June deadline) |
| September | January 5 | November 1 (prior to January deadline) |

THIS APPLICATION IS FOR (check one): January ___ September ___ Year _____

Partner Hospital (**List hospital where employed**) _____

I **am not** employed by a hospital. _____

PERSONAL INFORMATION

Give full legal name. Do not use initials unless they alone constitute your complete name.

Last name First name Middle Maiden

UT Arlington Student Identification Number SSNumber (last 4 digits)

Note: The Student Identification number is used to ensure accurate matching of documents and timely processing.

Date of Birth Place of Birth: City County State Country

Current mailing address: (Note: We will mail correspondence to your current address.)

Street Address Apt. # City County State Zip

Primary telephone number: _____ Cell Home Other (circle one)
Area Code Number

Secondary telephone number: _____ Cell Home Other (circle one)
Area Code Number

Primary E-mail address (required for official communication): _____
Personal

UT Arlington e-mail address

Where did you attend high school/secondary school? _____
Name of School

City State Country

Have you attended another nursing program? Yes _____ No _____

If yes, please list the school. _____

Have you taken the HESI A2? Yes _____ No _____ If no, when do you plan to take it? _____

Information regarding gender and ethnic background is based on Federal Affirmative Action reporting requirements and will be used for statistical purpose only. It will neither enhance nor impede your admission request.

Sex: Male Female

Racial/Ethnic Information

African American/Black American Indian or Alaskan Hispanic/Latino

Native Asian/Pacific Islander White/Not of Hispanic/Latino Origin

Country of Citizenship: United States Other _____

List the courses you are currently enrolled in:

| Course Number | School Attending | Semester & Year |
|---------------|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

List the courses you have not completed and where and when you intend to take the course:

| Course Number | School Attending | Semester & Year |
|---------------|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Send the College of Nursing application to Undergraduate Student Services, Box 19407, Arlington, TX 76019. Please apply to the University prior to submitting an application to the College of Nursing.