

A \$100.00 fee is required to process this application. It is nonrefundable 3 business days after submission. If you are applying for more than one program, a separate application and application fee are required. Please print clearly and complete every section.

First Name	Middle Name	Last/Family Name	Previous Names (if applicable)		
Mailing Address		City	State	Zip	County
Permanent Address (if different from above)		City	State	Zip	County
Home Phone	Cell Phone	Work Phone			
Email address (correspondence regarding admission will be directed to this email address)					

**For which program are you applying?**

- Certificate in Clinical Laboratory Assistant (begins in Fall)
- Certificate in Surgical Technology (begins in Summer)
- Associate of Arts (Emphasis: Allied Health) (begins any semester)
- Associate of Applied Science in Radiologic Technology (begins in Summer)
- Certificate in Medical Laboratory Science (bachelor’s degree or enrollment at an affiliated school required, begins in Fall)

Associate of Applied Science in Nursing (select the track you prefer under the option for which you are eligible):

**Basic RN tracks**

- Full-time (begins in Summer)
- Part-Time Evening/Weekend (begins in Fall)

**LPN Bridge tracks**

- Accelerated (begins in Summer)
- Part-Time Evening/Weekend (begins in Fall)

**Paramedic to RN Bridge track**

- Part-time Mondays & Thursdays
- Accelerated (begins in Summer)

Bachelor of Science in Nursing (must be an RN or nearing completion of an RN program)     2 year RN to BSN     Accelerated 1 year RN to BSN

What is the earliest date you would like to begin classes? \_\_\_\_\_  
 Have you previously applied for admission to this College?     Yes  No  
 If yes, please list the program \_\_\_\_\_ and approximate date \_\_\_\_\_

**Student classification**

- New Freshman (never attended college excluding courses taken while in high school)
- Transfer (previous or current attendance at another regionally accredited college or university)
- Returning to College of Nursing and Health Sciences after previous attendance
- Degree Previously Completed \_\_\_\_\_

	Degree	Institution	Date Completed
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**High School Information**

List your high school information and request official transcripts to be sent directly to the Admissions Office. Current high school students should have a transcript sent now and another after graduation is noted on the transcript. All transcripts must be official and sent via mail or through an electronic transcript exchange. Faxed transcripts will not be accepted. ACT/SAT scores may be included with your high school transcript.

Graduation Date	Name of School	City	State	Estimated GPA
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For those who have completed a high school equivalency exam, complete the following information. If we can access your transcript online, we will do so. If not, you will need to request an official transcript be sent directly to the Admissions Office.

Graduation Date	Name of Exam (GED, HiSet, etc.)	State	Website where we can access your results
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**Postsecondary Education**

List every college, university, and vocational postsecondary school you have attended. Attach an additional page if needed. You must request official transcripts from every school to be sent directly to the Admissions Office. Students currently enrolled at another school should ask the school to send a transcript now and one after current courses are completed. All transcripts must be official and sent via mail or through an approved electronic transcript exchange. Faxed transcripts will not be accepted.

Name of School	City	State	Estimated GPA	Dates Attended
Name of School	City	State	Estimated GPA	Dates Attended
Name of School	City	State	Estimated GPA	Dates Attended

**Civil or Academic Discipline**

- Have you ever been suspended or dismissed from any school/college/university?  Yes  No
- Have you ever been placed on academic or disciplinary probation?  Yes  No
- Have you ever been convicted of a criminal offense?  Yes  No

**If you answered "Yes" to any of the above questions, please use another page to explain the reason or nature of the offense.** Include information about suspended imposition of sentence and any offense that may appear on the criminal background check.

**Please list an address for every state where you have resided.**

A criminal background check will be performed. By signing this application you are authorizing Southeast Missouri Hospital College of Nursing and Health Sciences to complete this admission requirement.

Address	City	State	Zip	Dates of residence
Address	City	State	Zip	Dates of residence
Address	City	State	Zip	Dates of residence

**Motivation Statement**

In the space below, state your personal and professional goals and how you expect your education will help you achieve these goals.

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I affirm that all information supplied is complete and accurate. I understand that any misrepresentation or change of facts could be cause for refusal of admission, cancellation of admission, or suspension from the College. I am aware that this application will not be considered until all required admission items are received by the College.

\_\_\_\_\_  
 Legal Signature \_\_\_\_\_  
 Date

It is the policy of Southeast Missouri Hospital College of Nursing and Health Sciences to maintain and promote equal education opportunity. Students and applicants will not be discriminated against on the basis of race, color, ethnicity, religion, national origin, gender, ancestry, marital status, sexual orientation, age, veteran status, or handicap which does not preclude the person from practicing the program profession after graduation and successful completion of the licensure, certification, or registry.

First Name

Middle Name

Last/Family Name

Previous Names (if applicable)

This page of the application will not be provided to the admission committee prior to the final admission decision. It is not used in the admission decision and will not be released except as group statistics for federal, state, and other reports. Questions regarding gender, race, and marriage status are important in determining the effectiveness of efforts related to the provision of equal education opportunity.

Did you ever attend our Healthcare Camp while in high school?  Yes  No

How did you learn about our school?

- High school counselor  
 Friends/family  
 High school visit by faculty/staff  
 Website  
 College/Career Fair (location?) \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

Circle one: Male Female

Circle one: US Citizen Permanent Resident Alien  
(We are not authorized to admit other immigration classifications)

Marital Status:  Single  Married  Widowed  Separated  Divorced

Number of dependents: \_\_\_\_\_

Ethnicity:  White/NonHispanic  Hispanic/Latino  Am. Indian/AK Native  
 Pacific Island/Hawaiian  Asian  Black/African American  
 Two or more ethnicities  Unknown  Other \_\_\_\_\_

Employment Status:  Fulltime  Part time  Not employed

Will you continue working when enrolled?  Yes  No

Military Status:  Active Military Duty  Military Veteran  Never in the military

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**For Office Use Only**

Application Fee

Seat Retainer

Check or MO # \_\_\_\_\_

Check or MO # \_\_\_\_\_

Receipt # \_\_\_\_\_

Receipt # \_\_\_\_\_