



**SELECTED ADMISSIONS
HEALTH PROGRAMS**
BACHELOR OF SCIENCE IN NURSING
APPLICATION
BS-NUR

AUGUST ADMISSION
July 24 by 7:30 p.m.

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus no later than 7:30 p.m. on the deadline date. Once an application packet is submitted, it cannot be amended. Prior to submitting this selected admissions application to the Admissions and Student Records Office, **please pay the non-refundable \$25 Selected Admissions application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Reminder: Please provide a clear, enlarged copy of your driver's license and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist.

PLEASE COMPLETE

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID	EMAIL ADDRESS	PREVIOUS NAMES
ADDRESS		
CITY	STATE	ZIP CODE
() _____ HOME PHONE	() _____ WORK PHONE	() _____ CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Nursing (BSN) program at PHSC.

SIGNATURE	DATE
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FOR OFFICE USE	FOR COLLEGE STORE USE
DATE STAMP:	DATE: _____ CASHIER: _____ RECEIPT NO: _____ AMOUNT: _____