



APPLICATION for BS-DEGREE IN NURSING: BS-NUR
JANUARY ADMISSION - SPRING TERM

Application accepted August 26 - November 10

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to: LAHApps@phsc.edu

All documents for the application must be submitted at one time. Official highschool/GED and college transcripts must be received by PHSC prior to submitting your application. Prior to submitting this selected admission application, **please pay the non-refundable \$25 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 (must be active and valid) a clear copy of your current valid Florida Registered Nursing license, and the signed *Application Information Checklist* in addition to the other requirements as listed on the checklist. All materials must be submitted as a complete package to LAHApps@phsc.edu in a PDF format. If you are unable to email the packet, you can hand-deliver the application packet to Admissions at the West Campus. Applications not submitted to the email above or in-person at the West Campus will not be accepted.

PLEASE COMPLETE

LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID PHSC STUDENT 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. I understand that OFFICIAL correspondence will be sent only to my PHSC student email address listed above.

SIGNATURE

DATE

FOR OFFICE USE

FOR COLLEGE STORE USE

DATE STAMP:

DATE: _____ CASHIER: _____

RECEIPT NO: _____

AMOUNT: _____