




Minot State UNIVERSITY

Application for Admission to the Nursing Major

 Before submitting an application, please contact the Nursing Department office:
1-800-777-0750, ext 3101; 701-858-3101; email the Nursing Department

Application for: Fall or Spring _____ Student ID # _____
(Circle one) (Year)

Full Name: _____
Last First Middle Maiden

Permanent Address: _____
(Home or parent's mailing address) Street City State Zip Code

Telephone: () _____ permanent

Present Mailing Address: _____
(Mailing address while attending MSU if different from permanent address.)

Telephone: () _____ current

Please list previous schools attended: _____

- Submit application fee of \$25 payable to Minot State University along with this application

Your signature below indicates your understanding and acceptance of the accompanying information about the nursing major at Minot State University and that you believe you have the academic and professional commitment necessary to be a baccalaureate nursing education student.

Signature of Applicant Date

I have reviewed the record and the student meets the requirements to apply for admission.

Signature of Advisor Date