

HOPE COLLEGE NURSING DEPARTMENT

Student Admission Application Form

NAME: _____
(Last) (First) (Middle-Maiden)

Student ID # _____ Advisor _____ Status: Full time _____ or Part time _____
Planning to Start Nursing Program: Fall Semester _____ Spring Semester _____ Year _____

Do you plan on studying abroad: Yes _____ or No _____ If yes when? _____
Do you plan on studying with Chicago or Philadelphia Semester: Yes _____ or No _____

Campus Address: _____
(Street) (City) (State) (Zip)

(Name of Cottage) or (Name of Dorm and room number)

(Telephone) (campus e-mail address)

Citizenship (circle one): US Citizen Non-US resident

Race/Ethnicity (circle one): White African American Hispanic or Latino

Asian American Indian Alaskan Native Native Hawaiian Pacific Islander
(Important in determining efforts toward providing equal opportunities)

Parent/Spouse Name: _____ Telephone: _____

Permanent Address _____
(Street) (City) (State) (Zip)

Colleges Attended/Attending (other than Hope College):

<u>Name</u>	<u>Dates</u>	<u>Degree or Diploma</u>

- Enclose your Goal Statement Essay with this Application Form. (See Admission Information)
- Indicate the two people from whom you have requested letters of reference below:
(See Admission Information)

<u>Name</u>	<u>Title</u>	<u>Address</u>

I give the nursing department permission to review my Hope College transcript.

Student signature Date

Send all information to: **Hope College Nursing Department**
Attention: Nursing Department Chairperson
35 E. 12 St.
Holland, MI 49423