



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 _____
(Circle one) (Year)

Student ID # _____

Full Name: _____
Last First Middle Maiden

Country of Birth: _____

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 Email: _____

Please list previous schools attended:

Contact Information for Two References (non-relatives):

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

- Submit application fee of \$25 payable to Minot State University along with application to Department of Nursing.

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