



Minot State
UNIVERSITY

Department of Nursing

Application for Guaranteed Admission to the Nursing Program

Name _____

NAID _____

Address _____

Phone # _____

City/State _____

Name/city of North Dakota High School of which you will graduate:

Date of graduation _____ ACT or SAT score _____ HS GPA _____

I declare nursing as my major. I understand the admission and progression policies for guaranteed admission to the nursing major at Minot State University.

Student signature _____ Date _____

Advisor signature _____ Date _____

Admissions & Progressions Chair Signature: _____ Date _____