

PENN STATE LEHIGH VALLEY PRACTICAL NURSING APPLICATION

GENERAL INFORMATION

1 Name

(Last) (First) (Middle) (Suffix) (Former Last)

2 Mailing Address

(Street)

(City) (State) (Zip Code)

(Home Phone) (Cell Phone) (Email Address)

By checking this box I agree to allow Penn State to use this email address to communicate with me about this program

3 *Social Security Number

- -

4 Ethnicity/Race Background

Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of their students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or the Spanish culture or origin)?

Yes

No

What is your race (select one or more):

White

Black/African American

Asian

American Indian or Alaskan native

Native Hawaiian or other Pacific Islander

5 Birthdate

- -
month day year

6 Gender

Female

Male

7 Are you a U.S. Citizen?

Yes

No

If no, which of the following statements describes your citizenship status?

I am an immigrant (permanent resident) residing in Pennsylvania

I am an immigrant (permanent resident) residing in another U.S. state or territory

I have a non-immigrant visa-specific type:

8 Are you a legal resident of Pennsylvania?

Yes, but less than one year

Yes, for more than one year

No

ADMISSIONS INFORMATION

9 Have you ever enrolled at Penn State University?

Yes No

Date of last enrollment

10 Educational Status

Did you graduate from high school? Yes No

If yes, please indicate name of high school attended, address, and graduation year

High School Name

Address

Graduation Year

If you have a high school equivalency diploma (GED), please provide name of agency issuing the GED

, State_ , year of Certification

List all **college** or **formal postsecondary** schools attended, beginning with the institution where you are currently attending or most recently attended.

Institution Name	Dates Attended	Number of Credits Earned/Degree Earned
------------------	----------------	--

11 Work History

List current and other recent work experience you have had, especially that is relevant to your proposed nursing program. List current or most recent employer first.

Employer

Position

Dates

12 Application Essay

On a separate sheet of paper, please submit an essay describing your reasons for pursuing practical nursing study, what you expect to gain from the program and any special background factors which you think will help your studies. Please submit one double space typed page.

I have completed all applicable sections of this form and I affirm their accuracy. Should there be any misrepresentation of facts, I understand this may be cause for refusal or cancellation of my enrollment.

Practical Nursing Applicant Release: My signature below authorizes the Pennsylvania State University to release one official copy of my high school or GED transcript to the State Board of Nurse Examiners.

Applicant Signature

Date

*The social security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services, such as transcripts, enrollment verification, tax reporting, financial aid and other services may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only for official reporting and record keeping. It will not be used as a primary source to identify you within the Penn State system; the PSU ID will be used as the primary identifier.