



Application for Admission

PERSONAL INFORMATION:

Last name: _____ First: _____ M.I _____

Maiden name: _____ S,S #: _____

D.O.B: _____ Age: _____

Street or P.O Box: _____ City/State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Cell phone: _____ Other # _____

Email address: _____

EDUCATIONAL INFORMATION:

Name of high school and date of high school graduation: _____

Colleges attended (Attach official transcripts for all colleges attended)

1. _____ Date: _____ City/State: _____

2. _____ Date: _____ City/State: _____

3. _____ Date: _____ City/State: _____

4. _____ Date: _____ City/State: _____

5. _____ Date: _____ City/State: _____

6. _____ Date: _____ City/State: _____

HEALTHCARE- RELATED WORK EXPERIENCE:

LIST HEALTHCARE-RELATED WORK AND/OR COLUNTEER EXPERIENCES. (YOU MUST ATTACHED SKILLS VERIFICATION SHEET AND RESUME WITH THIS APPLICATION.)

1. _____ Date: _____ City/State: _____

2. _____ Date: _____ City/State: _____



Application for Admission

3. _____ Date: _____ City/State: _____
4. _____ Date: _____ City/State: _____
5. _____ Date: _____ City/State: _____
6. _____ Date: _____ City/State: _____

SIGNATURES:

I affirm that all information on this application is true. I understand that it is fraudulent to misrepresent any information on this form, and discovery of misinformation will affect my ability to be admitted to or allowed to continue in the University of New Mexico-Valencia Campus Nursing Program. I also acknowledge receiving a copy of the Nursing Program Selection Committee Policy number 100.1 and understand my responsibilities as an applicant/student and the Nursing Admission Selection process.

Applicant's Signature: _____ Date: _____

Other items that must accompany this form are: Transcripts from other higher educational institutions attended; the most recent UNM-VC transcript (showing that you achieved a "C" or better in all your pre-requisites); proof of certified nursing assistant or certification or proof of experience in another health-related field; a current CPR card for Health Related Professionals (or documentation showing that you've signed up for a CPR class), Healthcare Related work experience Sheet, Two page, double spaced essay, SAT, ACT or Comp Scores. If requesting additional point for Veteran Status you must attach your DD-214. If you are requesting an additional point as Valencia County Resident you must provide current proof of residency. A bill (Electric, gas, water, garbage, cable) which was mailed to your current address, with your full name (first and last) will serve as sufficient proof. Staple all materials together and mail to or bring the materials to: The Nursing Program Coordinator Jennifer Abers 280 La Entrada, Los Lunas, NM 87031 505-925-8870. For more information, please visit our website at <http://www.unm.edu/~unmvc/Nursing/nursingprogram.html>. Approved 2/2010.