



**LOUISIANA STATE UNIVERSITY-SHREVEPORT**  
**Department of Nursing**  
One University Place • Shreveport, LA 71115 • (318) 798-4173  
Toll-free in state 800-290-2378 • FAX (318) 798-4175 • www.lsus.edu

**AUGUST 2025 DAY PROGRAM**  
**(Deadline June 9, 2025)**

# PRACTICAL NURSING STUDENT APPLICATION

PRINT IN INK AND COMPLETE ALL ITEMS. INCOMPLETE APPLICATIONS WILL DELAY ACCEPTANCE. RECORDS SUBMITTED DURING THE ADMISSIONS PROCESS BECOME PART OF THE STUDENT'S OFFICIAL FILE AND ARE NOT RETURNED TO THE STUDENT OR RELEASED TO A THIRD PARTY.

## ENROLLMENT DATA

Have you ever filed an application for admission to the LSUS Nursing Program before (Circle One)? Yes No If yes, when?

## PERSONAL DATA

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Former name(s) under which you registered at any college

Local Address: \_\_\_\_\_  
Number Street Apt.

City State Zip Code Parish/County

Permanent Address: \_\_\_\_\_  
(If Different From Local) Street/Apt. # City State Zip Code

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Female Male  
MM/DD/YYYY

Citizenship: \_\_\_\_\_ If not U.S. Citizen, type of non-immigrant visa: \_\_\_\_\_  
OR Alien Resident Number and date issued: \_\_\_\_\_

Ethnic Origin: This information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.  
The information will be used for federal and state reporting purposes. (Circle One Below)

~ American Indian or Alaskan Native ~ Black (Non-Hispanic) ~ Asian or Pacific Islander ~ Hispanic ~ White

## EMERGENCY CONTACT DATA

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address (Street, Apt. #): \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_

**EDUCATIONAL DATA**

High School: \_\_\_\_\_  
Name of School City State Parish/County Graduation Date(MMDDYYYY)

\*Official transcripts must be mailed directly from the institution to the LSUS Department of Nursing Office.

GED: \_\_\_\_\_  
Score Date Completed

Are you currently attending a college or university (Circle One)? Yes No If yes, institution name: \_\_\_\_\_

Have you ever been suspended, dismissed or placed on probation at any college or university for scholastic or disciplinary reasons (Circle One)? Yes No If yes, give name of institution, date and reason for this action below.

If yes: \_\_\_\_\_  
Institution Name Dates Attended Reason for leaving

Have you ever applied or been enrolled in another LPN school? Yes No

If yes: \_\_\_\_\_  
Institution Name Dates Attended Reason for leaving

List every college or university attended. (Attach separate sheet if needed.) All institutions must be listed regardless of whether credit was earned or desired or whether work is shown on another transcript.

| COLLEGE/UNIVERSITY | FROM: Mo/Yr | TO: Mo/Yr | DEGREE |
|--------------------|-------------|-----------|--------|
|                    |             |           |        |
|                    |             |           |        |

In the space provided briefly describe your reasons for choosing nursing, and specifically this program:

\_\_\_\_\_  
\_\_\_\_\_

**INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM**

Have you ever been convicted, pled guilty or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary (Circle One)? Yes No

Have you ever been committed to a correctional or training institution (Circle One)? Yes No

If the answer to either question is "Yes", please request a Disciplinary Status sheet which outlines required additional information.

\_\_\_\_\_

**CERTIFICATION**

I UNDERSTAND THAT THIS NURSING PROGRAM IS PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY CHALLENGING. I HAVE NO MEDICAL OR OTHER CONDITION (HISTORY OR CURRENT) THAT WOULD PROHIBIT MY PERFORMANCE OF THE DUTIES OF A STUDENT NURSE.

I CERTIFY ALL INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION MAY MAKE ME INELIGIBLE FOR ADMISSION TO, OR CONTINUATION IN THE LSUS NURSING PROGRAM. I DO HEREBY AUTHORIZE LOUISIANA POST-SECONDARY EDUCATION TO ACCESS MY ACADEMIC RECORDS.

Signature \_\_\_\_\_

Date \_\_\_\_\_