

UAA School of Nursing  
 3211 Providence Drive  
 Anchorage, AK 99508

(907) 786-4550 Phone  
 (907) 786-4559 Fax  
 AYNURSE@uaa.alaska.edu

**APPLICATION FOR ADMISSION - UNDERGRADUATE NURSING PROGRAMS**

- \_\_\_\_\_ ASSOCIATE DEGREE (AAS)-Anchorage [Application deadline—February 1<sup>st</sup>]
- \_\_\_\_\_ ASSOCIATE DEGREE (Circle One: Fairbanks, Kenai, Juneau, Ketchikan, Bethel, Homer, Kodiak, Mat-Su, Sitka, Kotzebue) [Application deadline—July 1<sup>st</sup>]
- \_\_\_\_\_ ASSOCIATE DEGREE (LPN → RN) (Anchorage) [Application deadline—AVTEC LPN—June 15<sup>th</sup>; Direct Articulation—Nov. 15<sup>th</sup>]
- \_\_\_\_\_ BACCALAUREATE DEGREE (BS) – BASIC [Application deadline—February 1<sup>st</sup> and October 1<sup>st</sup>]

*Applicant: Please mark appropriate program. If applying to both AAS and BS (BASIC), mark both programs. Must be received by published deadline.*

Name \_\_\_\_\_  
 Last First MI Previous Name(s)

Student ID # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Secondary Education:**

\_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Year \_\_\_\_\_  
 Name of High School City/State

**Post Secondary Education (College, University, VoTech, Military, etc.)**

_____	_____	_____
Name of School	City/State	Degree year and/or credits
_____	_____	_____
Name of School	City/State	Degree year and/or credits
_____	_____	_____
Name of School	City/State	Degree year and/or credits

**Recommendations:** Please list the three individuals who will be submitting letters of recommendation. Letters from relatives will not be accepted. Two individuals should be people you have dealt with on a professional basis, i.e., instructor, employer. One can be a non-relative who knows you well. Forms are enclosed, and may be mailed separately to the School of Nursing.

Name	Position	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LPNs:** Nursing School (LPNs fill in this section)

_____	_____	_____
Name of School	City/State	Diploma/Degree Year

*Provide copy of nursing license with this application.*

**Work History:** Begin with the most recent position (include volunteer work). (A resume may be attached)

_____	_____	_____
Date of Employment	Employer	Job Title/Responsibilities

**AAS: For AAS applicants, the following must be on file for an admission interview:**

1. Certificate of Admission from UAA for Pre-major in AAS Nursing.
2. Official transcripts and evaluations.
3. Verification of the required prerequisite courses. (see AAS Plan of Study)
4. ACT, SAT **or** ACCUPLACER scores **or** 15 college credits.
5. This School of Nursing application and confidential form.
6. Three letters of recommendation. (enclosed)
7. Nurse Entrance Test score.

**BS: For BS applicants, the following must be on file to be eligible for the ranking process:**

1. Certificate of Admission from UAA for Pre-major in BS Nursing.
2. Official transcripts and evaluations.
3. Verification of the required prerequisite courses. (see BS Plan of Study)
4. This School of Nursing application and confidential form.
5. Three letters of recommendation. (enclosed)
6. **BS applicants must submit an essay.** Briefly, in your own words, answer the following question: What factors influenced your decision to pursue the profession of nursing? You may attach a separate typed page.

The entire five-page School of Nursing Application to the major must be received by the School of Nursing no later than the published application deadline. Letters of recommendation will not be accepted after the deadline date. **Students are responsible for ensuring that everything is received by the deadline.**

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Signature

Date

***Please return this application to:*** Coordinator of Student Affairs  
School of Nursing  
3211 Providence Drive  
Anchorage, AK 99508



6. Does the applicant like to work with people? \_\_\_\_\_ What experiences has this applicant had which support your answer?

7. Additional Comments:

Please indicate your endorsement of this applicant by checking one of the following:

Highly Recommend\_\_\_\_\_ Recommend\_\_\_\_\_ Uncertain\_\_\_\_\_ Do Not Recommend\_\_\_\_\_

---

Signature

Date

---

Printed Name

Position/Title

---

Printed address

Telephone number

This letter of recommendation will be placed in the student's file and upon request will be made available to the student and faculty advisor for review. This letter will not be reproduced.

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Coordinator of Student Affairs  
School of Nursing  
3211 Providence Drive  
Anchorage, AK 99508

**LETTER OF RECOMMENDATION**  
UNDERGRADUATE NURSING PROGRAM

- \_\_\_\_\_ ASSOCIATE DEGREE (AAS)-Anchorage [Application deadline—February 1<sup>st</sup>]  
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*Applicant: Please mark appropriate program. If applying to both AAS and BS (BASIC), mark both programs. Letters from relatives will not be accepted. Students are responsible for ensuring that the letters are received by the published deadline. Letters received after the deadline will not be accepted.*

Your estimate of this applicant's suitability for admission to the School of Nursing is requested. Comments are considered *confidential*. Your cooperation in completing and promptly returning this form will assist both the applicant and the School.

Name of Applicant \_\_\_\_\_  
Last First MI Previous Name(s)

1. How long have you known the applicant and in what capacity?
2. When were you last associated with the applicant?
3. What do you consider to be the main qualities of strength and weakness of this applicant? If possible, give examples.
4. Do you place full confidence in the applicant's integrity? \_\_\_\_\_ If not, please explain.
5. In what community and health related activities has the applicant taken an active part?

6. Does the applicant like to work with people? \_\_\_\_\_ What experiences has this applicant had which support your answer?

7. Additional Comments:

Please indicate your endorsement of this applicant by checking one of the following:

Highly Recommend\_\_\_\_\_ Recommend\_\_\_\_\_ Uncertain\_\_\_\_\_ Do Not Recommend\_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Printed Name \_\_\_\_\_ Position/Title \_\_\_\_\_

---

Printed address \_\_\_\_\_ Telephone number \_\_\_\_\_

This letter of recommendation will be placed in the student's file and upon request will be made available to the student and faculty advisor for review. This letter will not be reproduced.

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7. Additional Comments:

Please indicate your endorsement of this applicant by checking one of the following:

Highly Recommend\_\_\_\_\_ Recommend\_\_\_\_\_ Uncertain\_\_\_\_\_ Do Not Recommend\_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Printed Name \_\_\_\_\_ Position/Title \_\_\_\_\_

---

Printed address \_\_\_\_\_ Telephone number \_\_\_\_\_

This letter of recommendation will be placed in the student's file and upon request will be made available to the student and faculty advisor for review. This letter will not be reproduced.

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UNIVERSITY OF ALASKA ANCHORAGE  
SCHOOL OF NURSING  
**CONFIDENTIAL**

**REQUIRED INFORMATION**

The following information is REQUIRED for Federal reporting purposes and to improve the ability of the School to compete successfully for grant funding. This information sheet will be separated from your application and used for statistical purposes only. The information provided will NOT BE USED in making admission decisions and will be kept confidential. However, applications lacking the required information will be considered incomplete and will not be considered for admission until the information is provided. PLEASE PRINT (OR TYPE) and CIRCLE ALL APPROPRIATE NUMBERS.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
                     Last                      First                      M I

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Your current employment status:    Source of income:

- |                       |                          |                           |
|-----------------------|--------------------------|---------------------------|
| 1. Unemployed         | 1. Employment            | 5. Unemployment insurance |
| 2. Employed Part-Time | 2. Student financial aid | 6. Workman's compensation |
| 3. Employed Full-Time | 3. Parent/Guardian       | 7. Public Assistance      |
| 4. Self-Employed      | 4. Spouse/partner        | 8. Other: _____           |

Highest education level (specify AREA OF STUDY for numbers 5 - 8):

- |                             |                               |
|-----------------------------|-------------------------------|
| 1. Currently in high school | 5. Vocational school _____    |
| 2. High school diploma      | 6. 2-yr degree _____          |
| 3. GED                      | 7. 4-yr degree _____          |
| 4. Some college             | 8. Some graduate school _____ |
|                             | 9. Graduate degree _____      |

Current application:

Semester and year of current nursing application:

- |                                                                          |                 |
|--------------------------------------------------------------------------|-----------------|
| 1. AAS degree, Nursing (ANC, FBKS, Juneau, Kodiak, Sitka, Kenai, Bethel) | 1. Fall _____   |
| 2. BS degree, Nursing Science                                            | 2. Spring _____ |
| 3. MS degree, Nursing Science                                            | 3. Summer _____ |

Did either parent or guardian graduate from a 4-year college before your 18th birthday?    \_\_\_ Yes    \_\_\_ No

Indicate your ANNUAL taxable family income \$ \_\_\_\_\_ Number of people supported by that income \_\_\_\_\_

**OPTIONAL INFORMATION**

Federal law prevents our requiring the information requested below. However, having this information enables the School to compete more effectively for Federal grant funding; therefore, we request that you provide the information VOLUNTARILY. The information you elect to provide will be kept confidential and WILL NOT BE USED in making admission decisions. Further, your application will be considered to be complete even if you elect to withhold the information requested below.

Marital Status:

Ethnic Background:

- |              |                                |                                   |                                    |
|--------------|--------------------------------|-----------------------------------|------------------------------------|
| 1. Single    | 1. American Indian (A)         | 6. Alaskan, Aleut (L)             | 11. Alaskan Indian, Athabascan (T) |
| 2. Married   | 2. Black, non-Hispanic (B)     | 7. Alaskan Eskimo, Inupiat (K)    | 12. Alaskan Indian, Other (I)      |
| 3. Separated | 3. Hispanic (H)                | 8. Alaskan Eskimo, Yupik (Y)      | 13. Alaska Native, Other (N)       |
| 4. Widowed   | 4. Asian, Pacific Islander (P) | 9. Alaskan Eskimo, Other (E)      | 14. Other (O)                      |
| 5. Divorced  | 5. White, non-Hispanic (W)     | 10. Alaskan Indian, Southeast (S) |                                    |

Date of Birth \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

I understand that the information on this form will be used for statistical purposes only. All statements made are true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_