

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

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
_____	_____	_____
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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. Pre-Admission Examination-Registered Nurse (PAX-RN)

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.**

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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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 _____