Freed-Hardeman University
Department of Nursing
158 East Main Street
Henderson, TN 38340
731.989.6965

Application for Admission to Department of Nursing

1. Name _____
   Last First Middle Maiden Other Surname(s)

2. Cell Phone (including area code) _____ Alternate Phone _____

   E-mail Address _____

   Mailing Address _____
   Street/PO Box City State Zip

3. List any responsibilities you have that might interrupt or interfere with your program?

   _____

4. Have you **ever** been convicted of a misdemeanor, felony, or plead guilty or nolo contendere to any charge in any state or jurisdiction? Yes _____ No _____ If yes, which one (s)? _____

5. If you have attended any similar professional program previously, give the following information on each program:

   Name of School _____

   City and State _____

   Type of Certificate _____

6. Signature Required

   I certify that the information given in this application is complete and accurate, and I understand that the University reserves the right to deny admission or revoke any admission granted if the information provided herein proves untruthful. I also understand that the submission of fraudulent academic records by me for admission, transfer of credit, or any other purpose shall be cause for dismissal from the Department of Nursing. If admitted, I agree to comply with the regulations of the University.

   It is the policy and practice of Freed-Hardeman University that all programs are available without regard to race, religious preference, sex, creed, national origin, or handicap status.

   Signature _____ Date _____

Mail (or Hand Deliver) Application To:

Freed-Hardeman University
Department of Nursing
Attn: Mr. Chris White
158 East Main Street
Henderson, TN 38340