



Personal Information (Please type or print.)

Name _____
First Middle Last (Maiden)

Address _____
Street County

_____ *City State Country ZIP Code*

Social Security Number ____-____-____ Day Phone (____) _____ Evening Phone (____) _____

Email Address _____

List any accommodations you may require: _____

Enrollment Information

Term applying for: August/Fall 20____ Part time (3-6 credits) Full time (9-12 credits)

I plan to enroll: Commuter Resident Readmit

Educational Background

(List all high schools and colleges you have attended, beginning with the most recent. Include dates of graduation or anticipated graduation.)

Name of Institution	City, State	Dates Attended	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prerequisites (One of the following must be met prior to admittance.)

High school chemistry with a grade of "B" or better on first attempt (must have been taken within the last 10 years)

OR

College-level, four-hour / credit chemistry course with a grade of "C" or better on first attempt (must have been taken within the last 10 years)

APPLICATION – Associate of Science in Nursing

Admissions Materials (All materials should be submitted to the University at the same time as the application.)

DEGREE STUDENTS:

- | | |
|---|--|
| _____ Application | _____ QPA of 3.0 or above |
| _____ Official High School Transcripts | _____ Essay explaining your interest in entering the ASN Program |
| _____ Official College School Transcripts | _____ Test of Essential Academic Skills (TEAS) |
| _____ Two Letters of Reference | |

Note: Official transcripts are transcripts received by La Roche University in a sealed, unopened envelope from the school in question.

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

Gender _____ Religion (Denomination/Rite) _____

Date of Birth _____ Place of Birth _____

Citizenship _____

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.): Yes No

Select one or more of the following: White Black or African American Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

Veteran: Yes No If yes, will you seek benefits? Yes No

Marital Status: Single Married Divorced Widowed

NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069

Coordinator of Accessibility & Compliance | 412-536-1177

Associate Vice President of Human Resources | 412-536-1115

Your application will be kept on file for two (2) years.

I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)

APPLICANT'S SIGNATURE

Name

Date

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 844-838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche University is an Equal Opportunity Education Institution.