

APPLICATION

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 _____

Have you ever been convicted, pled guilty or no contest to a crime other than a summary traffic offense?

____ Yes ____ No (If yes, attach a separate sheet and describe in full detail.)

Are there any criminal charges other than a summary traffic offense presently pending against you?

____ Yes ____ No (If yes, attach a separate sheet and describe in full detail.)

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

ADMISSION MATERIALS (All materials should be submitted to the College at the same time as the application.)

DEGREE STUDENTS:

- | | |
|---|--|
| _____ Application | _____ GPA 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 College 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 College admits qualified students of any age, sex, race, religion, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the College. The same policy is followed with respect to all employees, regardless of rank or classification. La Roche College does not discriminate on the basis of sex, race, religion, color, disability, handicap, ethnic and national origin, in the administration of its educational policies and programs, admissions processes, scholarship and loan programs, employment practices, athletic and other college administrative programs.

La Roche's non-discrimination policy is administered in accordance with Title IX of the 1972 Educational Amendments and all other applicable federal and Pennsylvania statutes. Please direct all inquiries to the Human Resources Office: 9000 Babcock Boulevard, Pittsburgh, PA 15237.

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 College 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 COLLEGE, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free 800-838-4572 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche College is an Equal Opportunity Education Institution.