



**MSN
APPLICATION**

Kentucky Christian University
Yancey School of Nursing

Personal Information:

First Name _____ Middle Name _____ Last Name _____

Maiden Name _____ Nickname _____

Marital Status _____ Birthdate _____ Social Security No. _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Fax: (_____) _____

Veteran Yes No Citizenship _____ Religion _____

Have you ever been convicted of a felony, or other crime? Yes No

Application Information:

Applying Year _____ Applying Term _____

Transfer from another school? Yes No

What influenced your application to KCU? _____

Optional Information:

Ethnic Origin _____ Gender _____

Where does KCU rank? _____

Education Information:

High School from which you graduated from:

Name _____

City _____ State _____

Previous Colleges/Universities _____

Degree/Academic Program _____

Have you been refused admission to or dismissed from any college, university or seminary? Yes No

Required Signature:

My signature indicates that all information in my application is complete, factually correct, and honestly presented.

Signature _____ Printed Name _____