



Prelicensure Admission Application

Please type or print

Full legal name: _____
Last First Middle Maiden Name (if applicable)

Permanent address: _____
Number and Street or Route City State/Country Zip

Telephone: Home (____) _____ Cell (____) _____ KCU ID #: _____

Email: _____ Male Female U.S. Citizen: Yes No

Date of Birth (00/00/00) _____ Social Security Number _____

List any other degrees or professional diplomas you have earned:

Degree/Diploma	Institution	Graduation Date

Earned College Credits: Are you enrolled in or have you completed the following courses?

Course	Name of College	Enrolled	Completed	Grade
English Composition I				
English Composition 2				
Anatomy & Physiology 1				
Anatomy & Physiology 2				
Introduction to Psychology				

Only completed applications will be considered by the Kentucky Christian University Yancey School of Nursing Application, Progression, and Graduation Committee. Your completed application packet must include the following items:

- ✓ Prelicensure Admission Application
- ✓ Copy of official college transcripts
- ✓ Copy of ACT or SAT score (must be 21 or current SAT equivalent) or proof of previously earned degree
- ✓ Personal Statement: one page typed, 12 pt font, describing your spiritual philosophy and why you want to be a nurse
- ✓ ESL students must provide documentation of Foreign Language Exam Score per KCU handbook

I affirm that all information provided in this application is complete and accurate. If any of the information provided in this application changes during my enrollment, I agree to supplement my application with additional information. I understand that any false or misleading statements made by me in this application, the attached information, or during interviews conducted in connection with my application may result in denial of acceptance into the School of Nursing or termination of my status as a student in the School of Nursing.

Individuals with misdemeanor or felony convictions may not be permitted to take the State Board Examination for Registered Nurses (NCLEX-RN).

Signature of Applicant