

TOURO UNIVERSITY NEVADA
School of Nursing
Primary Application

ELM Generic BSN MSN RN-BSN DNP

1. Social Security Number: _____-_____-_____ 2. Date of Birth: ____/____/____
3. Last Name: _____ First Name: _____ MI: ____
4. Gender: _____ 5. Ethnicity (optional): _____
6. Preferred Mailing Address: _____
7. Telephone: (____) _____-_____
8. Email Address: _____

9. General Data

A. ____ U.S. Citizen ____ Permanent Resident Visa
 ____ Student Visa (F-1) ____ Other (Temporary Resident, etc.)

B. Undergraduate Degree: _____ Date: _____

Schools Attended: _____ Date: _____

Schools Attended: _____ Date: _____

C. Graduate School Degree: _____ Date: _____

Schools Attended: _____ Date: _____

13. Have you ever been convicted of a felony or misdemeanor? ____ Yes
 ____ No (If yes, please attach a separate sheet of paper to explain)

Please attach a formal resume to include employment history, RN license number (not for Entry Level Masters students or Generic BSN students), state issued and expiration date, names and contact information for three personal references and two letters of reference.

CERTIFICATION/STATEMENT: I certify that the information I have recorded in my Primary Application is accurate to the best of my knowledge. I recognize that any intentional misrepresentation on my part may cause me to be denied admission or subject to dismissal from Touro University Nevada's School of Nursing Programs in the event I was accepted.

Signature

Date

Name (Please Print)

Notice: All material submitted by applicants become the property of Touro University Nevada. Material submitted by applicants who are not accepted for admission is destroyed three months after the close of the admissions cycle. Information gathered is used solely for assessing applicant qualifications and is neither shared nor transmitted outside the offices of Touro University Nevada.