

Lutheran school of nursing application

[Health & Medicine](#), [Nursing](#)



Lutheran School of Nursing Application Mr. Mrs. Ms. Date SSN Last Name
 Address City Home Phone Number Is English your native language? Yes
 Spring First Name MI Maiden and/or previous last names State Zip Code
 Country of Citizenship Email 2nd Phone Number No Fall Year: VISA Type
 (international student) Term you wish to begin classes at LSN: Registered
 NurseTrack LPN to RN Track Spring Yes Fall Year: No Do you plan to take
 prerequisite university courses at LSN prior to entering one of the nursing
 tracks? Please see the LSN Bulletin or website for required university
 courses. If yes, date you wish to start university courses at LSN Spring Fall
 Year: List your graduating high school. All technical schools, colleges and
 universities you are attending or have attended must be listed. Any omission
 of school(s) may result in cancelation of application or dismissal from the
 program. Contact EACH school to request an official transcript be sent
 directly to Admissions at Lutheran School of Nursing. Diploma? No High
 School or GED School School School School City and State City and
 State City and State City and State City and State City and State Dates
 Attended Dates Attended Dates Attended Dates Attended Dates Attended
 Dates Attended No Yes No Yes Yes No Yes Degree Degree Degree Degree
 Degree Have you ever made application to Lutheran School of Nursing in the
 past? Date Have you ever attended any other school(s) of nursing including
 practical nursing program(s)? Have you taken an ACT and received a
 composite score of at least 20 or a comparable SAT composite score ? If "
 YES" to either ACT or SAT scores, have score sent directly to Admissions at
 Lutheran School of Nursing. Note: If you took the ACT or SAT in High School,
 ask if the score is on your transcript when you request it. No Have you ever

pled nolo contendere or been convicted of a crime other than a traffic violation? If YES, explain: Yes How did you hear about our school? Friend or Relative Website Yellow Pages Newspaper /Magazine High School or College Current Student or LSN Alumni Name: Agreement I hereby certify that the information in this application is correct to the best of my knowledge. I understand that misrepresentation or omission of information called for on this application is cause for cancellation of my application or dismissal from the school if I have been enrolled. I have read and/or discussed the Essential Functions Necessary in the Role of the Student Nurse which can be found in the School Bulletin and website and believe I would be able to perform them. If I enroll, I will provide the School with documentation of current immunizations as required, a physical examination and such future examinations as may be required by Lutheran School of Nursing. I understand that: - an acceptable criminal background check and a negative drug screen is required for class attendance. - continued enrollment, if selected, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions necessary in the role of the student nurse. - my fingerprints must be taken when I apply for a Registered Nurse license. If I enroll, I agree to conform to all rules, policies and regulations of Lutheran School of Nursing. I have received a copy of section 335. 066 of the Missouri Nurse Practice Act which is available in the School Bulletin and website and understand that the privilege of taking the licensing examination is dependent upon my satisfactory compliance with this law. Completion of the program does not guarantee eligibility to take the licensure exam. Applicant

Signature Date Applications are not reviewed by the Admissions Committee until they are complete. See the School Bulletin or Website for requirements for each Track. I have: Completed and signed the Application form. Enclosed the Application Fee. Check or Money Order # Requested official high school or GED equivalency transcript be sent directly to the school. Requested official transcripts from ALL institutions of higher education I have attended be sent directly to the school. Enclosed a two page typed, double spaced essay, personally written by me, describing why I chose Lutheran School of Nursing and why I want to become a registered nurse. Called Lutheran School of Nursing to schedule the admission exams unless I have an acceptable ACT or SAT score. Enclosed three properly completed Estimate of Suitability forms. Called Lutheran School of Nursing to schedule the LPN to RN articulation exams (LPN to RN Track only). Enclosed a copy of current valid LPN license (LPN to RN Track only). Application form, application fee, essay and Estimate of Suitability forms must be submitted together. Send all documents directly to: Lutheran School of Nursing Office of Admissions 3547 South Jefferson St. Louis, Missouri 63118 Phone: (314) 577-5850 www.nursingschoollmc.com Lutheran School of Nursing does not discriminate on the basis of race, color, religion, age, sex, marital status, national or ethnic origin or disability in the administration of its educational policies, scholarship and loan program and athletic or other school administered programs. If individuals believe that they have been subjected to such discrimination, they should contact the Director of Human Resources who is the Title IX and Section 504 Coordinator for St. Alexius Hospital.