



LOUISIANA STATE UNIVERSITY-SHREVEPORT
Division of Continuing Education & Public Service
One University Place • Shreveport, LA 71115 • (318) 798-4173
Toll-free in state 800-290-2378 • FAX (318) 797-5350 • www.ce.lsus.edu

Day Program – May 2022

PRACTICAL NURSING STUDENT APPLICATION

PRINT IN INK AND COMPLETE ALL ITEMS. INCOMPLETE APPLICATIONS WILL DELAY ACCEPTANCE. RECORDS SUBMITTED DURING THE ADMISSIONS PROCESS BECOME PART OF THE STUDENT'S OFFICIAL FILE AND ARE NOT RETURNED TO THE STUDENT OR RELEASED TO A THIRD PARTY.

ENROLLMENT DATA

Have you ever filed an application for admission to the LSUS-CE Nursing Program before (Circle One)? Yes No If yes, when?

PERSONAL DATA

Social Security Number: _____ - _____ - _____

Name: _____
Last First Middle Former name(s) under which you registered at any college

Local Address: _____
Number Street Apt.

_____ City State Zip Code Parish/County

Permanent Address: _____
(If Different From Local) Street/Apt. # City State Zip Code

Email: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Date of Birth: _____ Place of Birth: _____ Female Male
MM/DD/YYYY

Citizenship: _____ If not U.S. Citizen, type of non-immigrant visa: _____
OR Alien Resident Number and date issued: _____

Ethnic Origin: This information is voluntary and will be used in a non-discriminatory manner consistent with applicable civil rights laws.
The information will be used for federal and state reporting purposes. (Circle One Below)

~ American Indian or Alaskan Native ~ Black (Non-Hispanic) ~ Asian or Pacific Islander ~ Hispanic ~ White

EMERGENCY CONTACT DATA

Name: _____
(Last) (First) (MI)

Address (Street, Apt. #): _____ Day Phone: () _____

City: _____ State: _____ Zip Code: _____ Night Phone: () _____

EDUCATIONAL DATA

High School: _____
Name of School City State Parish/County Graduation Date (MMDDYYYY)

*Official transcripts must be mailed directly from the institution to the LSUS Division of Continuing Education office.

GED: _____
Score Date Completed

Are you currently attending a college or university (Circle One)? Yes No If yes, institution name: _____

Have you ever been suspended, dismissed or placed on probation at any college or university for scholastic or disciplinary reasons (Circle One)? Yes No If yes, give name of institution, date and reason for this action below.

If yes: _____
Institution Name Dates Attended Reason for leaving

Have you ever applied or been enrolled in another LPN school? Yes No

If yes: _____
Institution Name Dates Attended Reason for leaving

List every college or university attended. (Attach separate sheet if needed.) All institutions must be listed regardless of whether credit was earned or desired or whether work is shown on another transcript. **MUST HAVE CERTIFIED TRANSCRIPTS FROM ALL SCHOOLS ATTENDED.**

College/ University	FROM: Mo/Yr.	TO: Mo/Yr.	Degree

In the space provided briefly describe your reasons for choosing nursing, and specifically this program:

How did you hear about this program? _____

INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM

Have you ever been convicted, pled guilty or are you presently charged with a crime (felony) which might be punishable by imprisonment in a penitentiary (Circle One)? Yes No

Have you ever been committed to a correctional or training institution (Circle One)? Yes No

If the answer to either question is "Yes", please request a Disciplinary Status sheet which outlines required additional information.

CERTIFICATION

I UNDERSTAND THAT THIS NURSING PROGRAM IS PHYSICALLY, EMOTIONALLY, AND INTELLECTUALLY CHALLENGING. I HAVE NO MEDICAL OR OTHER CONDITION (HISTORY OR CURRENT) THAT WOULD PROHIBIT MY PERFORMANCE OF THE DUTIES OF A STUDENT NURSE.

I CERTIFY ALL INFORMATION ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSE OR INCOMPLETE INFORMATION MAY MAKE ME INELIGIBLE FOR ADMISSION TO, OR CONTINUATION IN THE LSUS-CE NURSING PROGRAM. I DO HEREBY AUTHORIZE LOUISIANA POST-SECONDARY EDUCATION TO ACCESS MY ACADEMIC RECORDS.

Signature _____

Date _____

APPLICATION FOR ADMISSION

Below is a to-do list that will help you in the process:

1. Complete and pay \$20 to process the LSUS PN application. This is available in our office **LSUS Technology Center-Room 141**.
2. Type a one-page essay explaining why you are interested in the program *AND* the profession. Be sure to include your name on the essay. Essays may be mailed or delivered to our office.
3. **The following documents are required:**
 - **Driver's License/ Photo Identification Card**
 - **Official/ (Certified) high school transcripts/GED (EScripts not accepted)**
 - **Official/ (Certified) transcripts from any colleges, universities or technical schools (ALL SCHOOLS EVER ATTENDED)**
 - **Official (Certified) Birth certificate or passport with raised seal (we will copy)**
 - **Official/ (Certified) scores on standardized testing (ACCUPLACER, ACCUPLACER NEXT GEN, TABE, ACT); these scores should not be older than 3 years**

APPROVED ADMISSION TEST	MATH	READING	LANGUAGE
TABE	12.0	12.0	12.0
ACT	18	20	17
ACCUPLACER	48 (Elementary Algebra)	65	74
Accuplacer-Next Generation	243 (Quantitative Reasoning, Algebra and Statistics (QAS))	250 (Reading Comp)	241 (Writing)

*****Official transcripts must be mailed directly from the school to us at the address below. Make sure transcripts are NOT sent to LSUS Admissions Department.*****

LSU Shreveport
Attn: Nursing Department/ Kimberly Green
One University Place
Shreveport, Louisiana 71115

Or
E-script to: Nursing@lsus.edu

Each item listed above will be reviewed and an invitation to appear before the Admissions Council will be sent to qualified prospects. ALL documents for the MAY 2022 DAY program is due April 1, 2022. Information received after this date will **NOT** be considered for the May 2022 Day Class.

The **ACCUPLACER** test is offered at LSUS Please call Cecelia Autry @ (318) 798-4177 to set up a testing appointment. ACCUPLACER testing price: The price is \$30 for all three parts, or \$10 per part individually. Students must pass Reading, Writing, and Math.

APPLY FOR FINANCIAL AID

Please go to www.fafsa.ed.gov and complete the application for federal aid. The school code you will use is: 002013. If you are applying for financial aid, **ALL** transcripts from **ALL** post-secondary institutions must be on file in the Office of Financial Aid at LSUS.