

ENROLLMENT INFORMATION

Name of School or College you are attending:

Print the full name of the school or college

City

State

Zip Code

Anticipated Graduation Date: _____

APPLICANTS' GOALS: (may use a separate sheet of paper if needed)

Why do you want to be a nurse? _____

What qualities and special skills do you believe you bring to nursing?

What are your professional goals?

Where do you see yourself in nursing in five years time?
