# HOWARD UNIVERSITY

COLLEGE OF NURSING & ALLIED HEALTH SCIENCES
DIVISION OF NURSING

## UNDERGRADUATE NURSING PROGRAM UPPER DIVISION APPLICATION

http://healthsciences.howard.edu/education/schools-and-academics/nursing-allied-health/division-of-nursing

#### **UPPER DIVISION APPLICATION ADMISSION REQUIREMENTS & INSTRUCTIONS**

#### **Continuing and Transfer Students**

### **UPPER DIVISION APPLICATION**

DEADLINES: March 15, 2022 – Continuing	Students	<b>March 25, 2022</b> – Trans	fer Students
Please type information			
Continuing Howard University Student ID #		Date of Birth (M/D/Yr)	
Legal Name:			
Last Name	First		M.I.
Local Mailing Address:			
Number and Street	City	State	Postal/Zip Code
Contact Information: Current Howard University students must use HU student ema	ail address		
Email Address		Telephone	
Citizenship:  O United States of America Born U.S. Citizen Naturalized U.S. Citizen Permanent Resident? (Y/N) Non-resident			
Visa International Students Follow Guidelines of th	e Howard U	niversity Office of International	Student Services
Country of Citizenship		Country	of Birth
Ethnicity (optional):  Black/Non-Hispanic Hispanic/Latino White/Non-Hispanic Asian/Pacific Islander American Indian/Alaskan Native ( Other (please specify)		)	

### College of Nursing and Allied Health Sciences Division of Nursing

#### **Undergraduate Nursing Program**

**UPPER DIVISION APPLICATION** 

List all universities, colleges and training programs attended starting with the most recent. Include all degree and non-degree granting institutions.

INSTITUTION	CITY	STATE	COUNTRY	DEGREE	MAJOR	DATES ATTENDED
Please list active nursing licensure (LPN applicants only)						

Please list active nursing licensure (LPN applicants only)			
tate(s)License Number			
Background Information: (Explain any YES response on the Background Explanation Sheet)  1. Have you ever received any work related disciplinary action? No Yes			
Has disciplinary action (i.e. suspended/dismissed) been taken against you at any educational institution? No Yes			
3. Has academic action been taken against you at any educational institution attended? No _ Yes			
4. Are there any pending disciplinary charges against you? No Yes			
<ol> <li>Have you ever been convicted of any crime (other than traffic violations) or been sentenced to a correctional or penal institution? No Yes</li> </ol>			
6. Are there any pending legal charges against you? NoYes			
Certification			
As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known regardless of classification. With this understanding, I certify that all of the above statements and information included are correct and complete; and, if admitted to Howard University, I agree to abide by its policies, rules and regulations.			
Signature: Date:			

#### **UPPER DIVISION APPLICATION**

#### **PERSONAL GOAL STATEMENT**

Please write a comprehensive personal goal statement. Consider academic and professional goan related to why you are enrolling in the Upper Division Nursing Program. Statement must be doub spaced, Times New Roman 12-point font size, 500 words. This statement will be evaluated on the basis of composition and clarity of thought. Please print and sign name.	le-

lame (Print & sign):	Date:	

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#### **UPPER DIVISION APPLICATION**

BACKGROUND INFORMATION EXPLANATION SHEET		
lame (Print & sign):		Date: