

# Trinitas School of Nursing Application Spring 2020

## Applicant Information

Fill in all fields below, print and sign for submission

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

UCC Email Address \_\_\_\_\_

UCC Student Identification number \_\_\_\_\_ Union County College GPA \_\_\_\_\_

Phone Number \_\_\_\_\_

## Education History

College \_\_\_\_\_ City/State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Did you graduate \_\_\_\_\_ Degree \_\_\_\_\_

## TEAS and Information Session Information

Please list the date of TEAS exam: \_\_\_\_\_

Cumulative TEAS assessment score: \_\_\_\_\_

Please list date of Information Session attended \_\_\_\_\_

## Checklist for required documents to be attached

1. TEAS transcript \_\_\_\_\_ or request for electronic TEAS transcript submission \_\_\_\_\_
2. UCC unofficial Transcript \_\_\_\_\_
3. Receipt from Trinitas School of Nursing Information Session \_\_\_\_\_
4. High School Transcript, if applicable \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this consideration form leads to enrollment, I understand that false or misleading information in this form may result in my dismissal from the Program. I understand acceptance into NURE 130 does not guarantee enrollment into future clinical nursing courses. I understand an incomplete form will not be considered.

Signature

Date