



OHIO
UNIVERSITY

SCHOOL OF NURSING

Application for

Associate Degree in Applied Science-Nursing Major (AA2342)

~ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED FOR SELECTION TO THE AAS-N PROGRAM~

**AVAILABLE ON THE OHIO UNIVERSITY CAMPUSES OF
CHILlicothe ~ SOUTHERN ~ ZANESVILLE**

TODAY'S DATE: ____/____/____

CAMPUS OF CHOICE (mark one): **CHILlicothe** ____ **SOUTHERN** ____ **ZANESVILLE** ____

Program of Choice: **Associate in Applied Science – Nursing (AAS-N)** _____

LPN – AAS-N ____ LPN Unencumbered license state and number _____

PERSONAL INFORMATION:

FULL LEGAL NAME: _____

(Needed for NCLEX and Clinical Placement purposes) Last Name First Name Middle Name

Other name(s) that may appear on transcripts: _____

Preferred GENDER (check one): Female Male (Gender is not used as a basis for selection admission)

If you would like the opportunity, we invite you to share more about your gender identity:

DATE OF BIRTH (mm/dd/yyyy): ____/____/____

PID#: **P** _____ **OHIO EMAIL ADDRESS:** _____@ohio.edu

ARE YOU AN INTERNATIONAL STUDENT? Yes No

PREFERRED NAME: _____ **PREFERRED PRONOUN** _____

ADDRESS INFORMATION:

PERMANENT HOME ADDRESS:

Street Apt. # City State Zip

() ()

Country Home Phone # Cell Phone #

MAILING ADDRESS (if different from Permanent Home Address)

Street Apt. # City State Zip

IF NECESSARY, CORRESPONDENCE REGARDING THIS APPLICATION SHOULD BE MAILED TO (check one):

Permanent Home Address shown above Mailing Address shown above

~ Be sure to monitor your OHIO email address for notifications from the School of Nursing ~

ETHNIC BACKGROUND (complete 1 & 2):

(This information is optional and will not be used for selection purposes)

1. Please choose one of the following: Hispanic/Latino **OR** Non-Hispanic/Non-Latino

2. Please choose all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Unknown

HAVE YOU PREVIOUSLY AND/OR ARE YOU CURRENTLY INVOLVED IN ANY LEGAL MATTERS OR DISCIPLINARY MATTERS? THIS INCLUDES BUT IT IS NOT LIMITED TO BEHAVIORS WHICH HAVE BEEN REPORTED TO OHIO UNIVERSITY'S OFFICE OF COMMUNITY STANDARDS.

YES

NO

If you answered "YES" to the above statement, please provide an explanation of your situation on a separate attached paper. This would include any current information that may/may not be provided on FBI and BCI reports submitted to the School of Nursing. If you have any questions concerning this matter, please consult with the Associate Director on your campus.

WORK/SERVICE EXPERIENCE:

Complete for most recent/relevant position held.

1. Agency/Employer: _____

Dates Worked/Volunteered: _____

Brief description of responsibilities: _____

Name one thing you learned from this experience: _____

Previous Degree(s) Earned (all transcripts must be submitted to Ohio University Admissions)

Degree _____ Date Earned _____

Degree _____ Date Earned _____

PLEASE READ THE STATEMENTS BELOW AND INITIAL THE BOX NEXT TO EACH STATEMENT TO ACKNOWLEDGE YOUR UNDERSTANDING/AGREEMENT. YOUR SIGNATURE IS ALSO REQUIRED.

I understand that consideration for acceptance into the AAS-N program will be contingent upon meeting all program requirements, and that selection for the AAS-N program is competitive and meeting minimum requirements does not guarantee admission.

If accepted into the AAS-N program, I agree to provide all required documentation by the established deadlines as instructed. **I understand that non-compliance may jeopardize my admission and/or ability to progress in the program.**

If accepted into the AAS-N program, I understand that expectations include attending all clinical/labs as assigned and that non-compliance could result in course failure.

I understand that any falsification on this document may result in non-acceptance to the program and may include dismissal from the program.

My signature below certifies that the information provided on this application is correct and that I agree to the statements as shown above:

Name: _____ Date: _____

AAS-N Applications should be emailed to the Campus you wish to apply.

Campus	Email Address	SON Office Phone Number
Chillicothe	<u>chillicothe-nursing@ohio.edu</u>	740.774.7282
Southern	<u>southern-nursing@ohio.edu</u>	740.533.4633
Zanesville	<u>zanesville-nursing@ohio.edu</u>	740.588.1515