

## **HEALTH SCIENCES AND HUMAN SERVICES**

315 Falls Avenue • P.O. Box 1238 • Twin Falls, Idaho 83303 (208)732 6700 • Fax (208)736 4743 (800) 680 0274 (in Idaho and Nevada)

TDD (208) 734 9929

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## PRACTICAL NURSING PROGRAM APPLICATION FOR ADMISSION

| CSI ID Number:   |   |  |  |  |   |
|--|---|--|--|--|---|
| _  |   |  |  |  |   |
|  |   |  |  | Male   | Female                                  |
| Name:  |   | Middle   | Last                                     | Last Former Name   |   |
| Home Address:  |   |  |  |  |   |
|  | Street Address  | City   | State                                    | Zip code   |   |
| Permanent Address  | (if different fromabove)                              |  |  |  |   |
| Home Phone:  |   | Cell Phone:                                    |  |  |   |
| Email:   | Area Code   |  |  | Area Code  |   |
|  |   | _  |  |  |   |
| EDUCATION Official Transcript(s) must be received by the Office of the Registrar |   |  |  |  |   |
| Name of School   | LOCATION OF SCH                                       | HOOL FROM MONTH/YEAR                           | To<br>R Month/Year                       | DID YOU RECEIVE DIPLOMA? DEGREE? CERTIFICATE?  | WHAT WAS YOUR<br>MAJOR/MINOR?           |
| HIGH SCHOOL OR GED   |   | MONTH, 1270                                    | t month, 12,4t                           | DEGREE. GERMINORIE.  | W COTO WILLOW                           |
|  |   |  |  |  |   |
| COLLEGE OR UNIVERSITY  |   |  |  |  |   |
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| Professional Licenses  | S   |  |  |  |   |
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| misinterpretation or fa<br>use, possession, and                                  | alsification of information<br>or misuse of drugs are | n is cause for denial or reasons for immediate | f admission or exp<br>e dismissal from a | to the best of my knowledge. bulsion from the College. I undany of the programs in the Heafrom obtaining a nursing degre | erstand that illegal<br>Ith Science and |
| Type name to sign document   |   |  |  |  |   |
| CICNIATURE OF ARRUGA   | NIT   |  | DATE                                     |  |   |