LPN to ASNP Application for Admission

Graduation Audit (submitted with application; obtained from your MyCSI)…….....Yes_____ No_____
Licensed Practical Nurse (LPN) (submitted with application; obtained from https://www.nursys.com).....Yes_____ No_____
Intravenous Certification (submitted with application).....Yes_____ No_____

Name _____**CSI ID** _____**Date**_____
(First) (Middle Initial) (Last)

Address_____
(Street) (City) (State) (Zip)

Permanent Address _____
(if different than above)

Home Phone (_____)_____**Cell Phone (_____)**_____

CSI Email Address_____**@csi.edu (used to communicate application outcome)**

College/University					
Name of School	**Location of School**	**From Month/Year**	**To Month/Year**	**Diploma, Degree, or Certificate**	**Minor/Major**

License/Certificate			
Type	**Issuing State/Agency**	**License/Certificate No.**	**Date Activated**

I hereby certify the information contained in this application is complete and true to the best of my knowledge. I understand any misinterpretation or falsification of information may be cause for denial of admission or dismissal from the ASNP. I understand that illegal use, possession, and/or misuse of drugs will result in immediate dismissal from the ASNP. I understand that a felony conviction may prevent me from obtaining licensure in the state of application.

I understand an *ASNP Notification Letter* will be sent to my CSI email address once *all* applications are processed. I am responsible to monitor my email and respond, if requested, by the date identified in that email. I understand if I fail to respond, I will forfeit my seat if offered.

I understand the application must be complete or my application will not be processed.

Signature of Applicant: _____**Date:** _____