



Traditional ASNPs Application for Admission

Graduation Audit (submitted with application; obtained from your MyCSI).....Yes ___ No ___
Certified Nurse Assistant (CNA) (state 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)

Table with 6 columns: Name of School, Location of School, From Month/Year, To Month/Year, Diploma, Degree, or Certificate, Minor/Major

Table with 4 columns: 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 ASNPs. I understand that illegal use, possession, and/or misuse of drugs will result in immediate dismissal from the ASNPs. I understand that a felony conviction may prevent me from obtaining licensure in the state of application.

I understand an ASNPs 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: _____